Release of Information Form

Student Name _____

Address: _____

Telephone: _____

Email: _____

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I am over 18 years of age and have read and understand all of the above information, furthermore, I also agree that this form was filled out by me by my own free will, without any intervention by any third parties.

	Signature	Date
Witness Name	Witness Signature	Date

Please return signed form to ACMi College. This can be done in person or by email to: admin@acmi.wa.edu.au