

Release of Information

I (Name) _____ (DOB) __/__/____

of (Address) _____

whose signature appears below, authorise WHEQ to release a copy of my file.

OR

Authorise WHEQ to prepare a support letter detailing my attendance at the agency and the issues addressed.

Please indicate the way in which the information will be accessed:

I will call in to collect

Please scan and email to me

My email address is _____

Please release to a third party whose details appear below

Contact Person:

Organisation:

Phone:

Email:

Signed

Full Name:

Signature:

Place:

Date: