



# Confidentiality and Privacy Form

This form authorises Swinburne University (through the Disability Support Services) to **OBTAIN AND RELEASE** information relevant to your study requirements and support needs. Please read the information carefully and talk to the Disability Liaison Officer if you have any concerns.

Personal information provided by you to Swinburne (through the Disability Support Service) will remain confidential and will not be disclosed without written or verbal consent (except where there are legal requirements such as court orders, the Department of Education, Employment and Workplace Relations will require your student number for validity of your enrolment and under other laws). Information that is not classified as personal or confidential (e.g. exam arrangements) may be shared with other internal or external relevant parties as required.

STUDENT NAME	
STUDENT ID NUMBER	

I give permission for Swinburne (through the Disability Support Service) to discuss issues relating to my disability and support needs to the following individuals or members of the organisation listed below:

NAME	SPECIFIC INFORMATION (E.G. NAME, R'SHIP)	CONTACT DETAILS
<input checked="" type="checkbox"/> RELEVANT ACADEMIC/ADMIN STAFF	AS REQUIRED	N/A
<input type="checkbox"/> DIRECT SUPPORT STAFF		
<input type="checkbox"/> CASE/EMPLOYMENT MANAGER		
<input type="checkbox"/> PARENTS/CARERS		
<input type="checkbox"/> DOCTORS/MEDICAL STAFF		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		

I understand that the information communicated with the above individuals or organisations will be relevant to my study and/or support needs. I give permission for Swinburne (through the Disability Support Service) to communicate with the above individuals or organisations when necessary. Should I wish to withdraw my consent at any time, I will contact the Disability Support Service and inform them in writing. **I also understand that in some cases, restricting the free flow of information may result in DSS being unavailable to provide me with the relevant services that I may require.**

Swinburne's privacy statement and policy can be viewed at: <http://www.swinburne.edu.au/privacy.htm>

SIGNATURE		DATE	
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For further information, please contact:  
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SWINBURNE UNIVERSITY  
OF TECHNOLOGY