

Release of Student Records to a Third Party

Please complete this form and submit it to PTS to authorise your records to be released.

PTS will accept:

- Scanned form emailed to support.services@pts-training.com.au
- Original form posted or dropped in to PTS office (90 Training Place Jandakot WA 6164)

Your full, legal first name: _____

Your surname: _____

Your Date of Birth: _____
(DD/MM/YY)

**Your day time contact
number:** _____

Your email address: _____

I hereby give my approval for PTS to release my student records to:

Name of Third Party: _____

**Email address of Third
Party:** _____

Your Signature: _____

Date: _____

