

To the Executive Officer
Community College-Northern Inland Inc
PO Box 20
Barraba 2347

**PERMISSION FOR RELEASE OF TRAINING RECORDS TO A THIRD PARTY
To be completed by the student**

Full Name: _____

Full Address: _____

Date of Birth: _____

Please be advised that I, _____ (name of student)
of _____ (address)
give permission for the Community College-Northern Inland Inc to provide verification
of qualification/s issued to me by Community College-Northern Inland and listed
below.

Qualification/s: _____

Certificate Number: _____

Issued Date: _____

Statement of Attainment/s: _____

Statement Number: _____

Issued Date: _____

Unit of Competence: _____

Yours Sincerely,

Signature of Student

Date