

4 May 2015

To whom it may concern:

**PERMISSION FOR RELEASE OF TRAINING RECORDS FOR VERIFICATION
To be completed by the participant**

Name and Date of Birth

Full Name: _____

Date of Birth: _____

Please be advised that I, _____(name of candidate)
of _____(address)
give permission for the Community College-Northern Inland to verify my
qualification/s listed below.

Issuing Training Organisation: _____

Certificate Number: _____

Issued Date: _____

Unit/Qualification: _____

Issuing Training Organisation: _____

Certificate Number: _____

Issued Date: _____

Unit/Qualification: _____

Yours Sincerely,

Signature of Candidate