

Authority to Release Information

I, _____, of _____
_____ in the State of _____

authorise the Western Australian College of Teaching (“the College”) to release documents or any other information in the custody or control of the College to the NSW Institute of Teachers regarding my teacher registration in Western Australia including but not limited to:

- documents or information I provided to the College at the time I applied for registration with the College;
- any documents or information the College has on my registration file;
- any information about disciplinary proceedings or possible disciplinary proceedings related to me; and/or
- any information provided to the College from any other source, which relates to my teacher registration, excluding any criminal record check information.

Signed: _____

Dated: _____