

ACADEMIC VERIFICATION PRIVACY WAIVER FORM

Certificate 1 to Certificate IV Qualifications & Short Courses



I _____
(Print Name)

Of _____
(Print Address)

hereby authorise Intelligent Training Solutions to release my academic qualifications, results and / or enrolment details to:

(Print Company Name)

Student Signature: _____

Contact Number: _____

Date: _____

Name of Company Representative: _____

Signature: _____