Use this form to authorise another person to apply on your behalf under the <i>Government Information</i> (<i>Public Access</i>) <i>Act 2009</i> (GIPA Act) for access to your personal information held by the Department of Education	
l(Please print full name)	
authorise my Lawyer / Parent / Legal Guardian / Agent to receive personal information relating to me and to deal with the Department of Education on my behalf concerning the attached access application under the GIPA Act. I attach identification as required.	
(Name of lawyer, parent or other person to whom documents are to be provided)	
REQUIREMENTS:	
Lawyer	
 Authority from the client for specific records/information to be provided to lawyer (e.g. current or former student; parent of a student under 12 years; from student over 12 years or person whose information is being requested) 	
➤ ID of person whose information is being requested	
Parent or guardian of a student aged 12 to 18	3 years
Authority from student over 12 years and	
> ID of student (e.g. passport, school identification, proof of age card or learner/driver licence) and	
 proof of relationship to student (e.g. Medicare card, benefit card, birth certificate) and 	
➤ ID of parent or guardian making the application (e.g. driver licence, passport, other)	
If child is under 12 years old, identification of parent and proof of relationship only is required; no authority from child is required.	
Person acting on behalf of another person	
and	
> ID of person authorised to act on their behalf (a	
Signed Person	Signed Agent
I declare that the information I have provide	ed on this form is true and correct.
Signed	//
Privacy Notice The information you provide on this application It is a legal requirement for you to give us this information. It was information it could mean that your application is delayed or call.	vill be stored securely. If you do not provide the required