

# Parent/Guardian consent form

I, _____ (FULL NAME) born on ____ / ____ / ____			
authorise the Department of Territory Families, Housing and Communities to obtain from Centrelink electronically, information about the custody of children and/or dependents I have in my care.			
I understand the information supplied will have the names and date of births for the children and/or dependents in my custody.			
I also understand that the Department of Territory Families, Housing and Communities can only use this information given by Centrelink for the purpose of determining my eligibility for public housing services and that is relevant to my current circumstances.			
My Centrelink Reference Number (CRN) is			
Signature		Date	____ / ____ / ____
Witness full name			
Witness signature		Date	____ / ____ / ____

CENTRELINK OFFICE USE ONLY			
The above named tenant has the below children listed in their custody:			
Full name			
CRN		Date of Birth	____ / ____ / ____
Full name			
CRN		Date of Birth	____ / ____ / ____
Full name			
CRN		Date of Birth	____ / ____ / ____
Full name			
CRN		Date of Birth	____ / ____ / ____
Full name			
CRN		Date of Birth	____ / ____ / ____