



### 3. Specific information to be provided

Please attach additional pages if more space required

### 4. Client authorisation

I, \_\_\_\_\_ (Full name)

authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that:

- Information will only be disclosed to the advocate or agent I have nominated to act in my interests for the nominated period on the front of this form
  - My personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the *Information Act 2002*
  - I am able to access and correct any information held about me
- And
- I can withdraw this consent at any time.

Signature		Date	/ /
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### 5. Disclaimer

*The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on [tfhc.nt.gov.au](http://tfhc.nt.gov.au) or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.*

6. Office use only	
Information released? <input type="checkbox"/> Yes <input type="checkbox"/> No	Release date                      /      /
Released by (name and position)	
Signature	
Once complete, place this form on the client's group file – For Housing also note on TMS.	