

## **AUTHORISATION TO RELEASE INFORMATION FORM**

Student Name:	
Date of Birth:	
l,	, the parent of the
child named above request and authorise Irf	
Signature:	Date:

- 2089 2109 Elizabeth Drive, Cecil Park NSW 2178
- 🕻 (02) 9826 2885 🔀 office@irfancollege.nsw.edu.au
- irfancollege.nsw.edu.au