



# Permission to Publish Personal Information

Subject: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**I give consent to the City of Charles Sturt to release the following personal information and/or photographs or recordings:**

- Name (First and Last)
- or Preferred Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Suburb
- Photographs
- Other Media: \_\_\_\_\_
- All of the above

**for ongoing promotional documents, displays and publications.**

- a. I am aware what the information will be used for, the nature of that information, the purpose for which it will be used and how it will be protected.
- b. I believe I fully understand the rights to privacy in respect of this information being collected and used.

If you are 18 years or less you are required to have a co-signature, a parent/guardian (includes school authority) to validate the above consent.

\_\_\_\_\_ and/or \_\_\_\_\_  
*(Signature)* *(Signature of Individuals/Volunteer Representative/  
Guardian/School Authority)*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_