



Authority to Disclose Information

To:	(Registered Training Organisation)
From:	(Apprentice Name)
of:	(Apprentice Address)

Please accept this letter as authorisation for you (the Registered Training Organisation) to provide any information regarding my enrolment, fees, payments, arrears, results, progression, or any other matters relating to my enrolment with your Registered Training Organisation to my employer, the Master Plumbers and Mechanical Services Association of Australia trading as Plumbing Apprentices Queensland, or to any of its staff.

Signed _____

Date: _____





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