# Authority to Release and Exchange Information

This form is to be completed by individuals applying for a BCA Scholarship.

## Purpose

By completing this form, you give permission for a representative from Blind Citizens Australia (BCA) to contact your education provider and obtain confirmation of your enrolment and evidence of your completed units / course.

The information obtained will be used:

* To confirm your eligibility for a BCA Scholarship
* For the purpose of BCA’s reporting requirements to the Department of Social Services

## Maintaining Your Privacy

The information obtained will not be used for any other purpose, nor will it be provided to any other agencies or organisations without your prior written consent.

Any information collected will be stored in line with BCA’s Privacy Policy.

This form is valid for 12 calendar months from the date of signing.

This form can be revoked at any time by contacting BCA on 1800 033 660 or emailing bca@bca.org.au . If you do choose to revoke this form, BCA may not be able to pay you all or part of the agreed scholarship funds.

For questions or assistance to complete this form, please contact BCA on 1800 033 660 or bca@bca.org.au

## Consent

I give permission for Blind Citizens Australia (BCA) to:

* Contact my education institution and confirm that I am enrolled to study.
* Contact my education institution and confirm the results of my study at the end of the semester/trimester/term.
* I give permission for my educational institution to provide BCA with this information.

Name:

Education Institution:

Student Number:

Course Code:

Course Name:

Course Dates:

Education Institution Contact Person:

Contact Phone Number:

Signature:

Date:

**Please Note:** If you are unable to sign this form, please complete the form and send to BCA at bca@bca.org.au with the below declaration in the body of an email:

I, **NAME**, provide this declaration in lieu of my signature and give my permission and consent, as is outlined in the attached Authority to Release and Echange Information form.