

## Instructions for Completing the Authorisation for Information Disclosure Form

1. This form is to be completed for each and every disclosure
2. The form **must** be completed, signed & returned to HR Operations, Monash HR **prior** to the specified information being disclosed
3. The form may be sent to HR Operations by email to: [hr@monash.edu](mailto:hr@monash.edu) or by post to HR Operations, Monash University, Clayton 3800.

Section 1 – Staff Member’s Details							
PERSONNEL NUMBER (space provided)							
TITLE	FAMILY NAME			GIVEN NAME(S)			
FACULTY/ DIVISION				DATE OF BIRTH ___ / ___ / _____ (DD/MM/YYYY)			

Section 2 – Name of Institution, Details of Contact Person and Information to be Released
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NAME OF ORGANISATION / INSTITUTION \_\_\_\_\_

DEPARTMENT NAME  
(e.g. Lending Department) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REFERENCE NUMBER \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> NAME               | <input type="checkbox"/> ADDRESS              | <input type="checkbox"/> INCOME DETAILS – NET/GROSS   |
| <input type="checkbox"/> MODE OF EMPLOYMENT | <input type="checkbox"/> CONTACT PHONE NUMBER | <input type="checkbox"/> ALLOWANCES/OVERTIME          |
| <input type="checkbox"/> DUTIES             | <input type="checkbox"/> PROBATION            | <input type="checkbox"/> LENGTH OF EMPLOYMENT         |
| <input type="checkbox"/> RESIDENCY STATUS   | <input type="checkbox"/> OCCUPATION           | <input type="checkbox"/> OTHER (please specify) _____ |

Section 3 – Authorisation of Staff Member
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I hereby authorise Monash University to disclose the information as per this authorisation to the organisation /institution identified above.

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

FOR HR OPERATIONS USE ONLY	
<b><i>Information should only be disclosed through an outgoing telephone call or outgoing email. Details MUST match contact details provided above. If contact details do not match information should not be disclosed.</i></b>	
Disclosed by: _____	Date / /
Name of person to whom information was disclosed _____	
<b>FAXED COPIES OF THIS FORM WILL BE ACCEPTED 9902 9530</b>	

**For assistance please contact HR Enquiries on 9902 0400**

**Privacy Collection Statement** - The information on this form is collected for the primary purpose of providing the University with your consent to release specific information to the organisation as specified above (refer section 2) .If you choose not to provide all of the information requested on this form, it may not be possible for the University to process your particular request. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer by email at [privacyofficer@adm.monash.edu.au](mailto:privacyofficer@adm.monash.edu.au)

Further information about privacy at Monash University is available at <http://privacy.monash.edu.au/procedure/>  
Please return completed form to: HR Operations, Monash HR, Monash University VIC 3800 or via email at [hr@monash.edu](mailto:hr@monash.edu) or by mail to HR Operations, Monash University, Clayton 3800.