**CONSENT TO RELEASE**

**under the *Triple Zero Victoria Act 2023*.**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Email: |  | |
| Contact no: |  | |
|  | To complete this form:   * Select one of the following options by ticking the box * Sign and date the form * Email to [Foi.Request@triplezero.vic.gov.au](mailto:Foi.Request@triplezero.vic.gov.au) | |
| 🞎 | **I consent** to the disclosure of my personal information, such as voice, name, address, age and medical information that may be heard in a Triple Zero call | |
| 🞎 | **I consent** to the disclosure to the Triple Zero call with details redacted such as, my name, phone number and address | |
|  |  | |
| 🞎 | **I object** to disclosure | |
| SIGNED: | |  | |
| DATED: | |  | |

*Please provide proof of identification if you consent to release*