**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
 |
| 🞎 | **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*