

Request for Release of Information

Requester Details

Full Name

Relationship to Individual

- Self Guardian Advocate
 Nominee Other (specify):

Organisation (if applicable)

Contact Phone

Email

Postal Address

Person the information relates to

(complete only if different from requester)

Full Name

Date of Birth

NDIS Number (if applicable)

Service or relationship with Good Sammy

- NDIS Participant Employee
 Volunteer Customer (loyalty / retail)
 Other:

Information requested

Description of information requested

Purpose of request

Date range (if applicable)

Preferred Format for Access

- View only Electronic Printed
 Copies Other:

Authority and Consent

(to be completed if requester is not the individual concerned)

- I have attached written consent from the individual (or legal guardian / nominee).
- I have attached proof of legal authority (e.g., guardianship order, nominee letter, advocacy authorisation).

Signature of Requester:

Date:

Name of Individual / Guardian Providing Consent (if applicable):

Signature:

Date:

Please return the form to privacy@goodsammy.com.au

Privacy officers use only

Date received	
Verified by	
Verification Method	<input type="checkbox"/> Photo ID <input type="checkbox"/> Internal Records <input type="checkbox"/> Authorisation Attached
Assessment Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Partial <input type="checkbox"/> Referred for Executive Review
Decision rationale	
Information released or written outcome provided	
Date released	
Method of release	<input type="checkbox"/> Secure Email <input type="checkbox"/> Registered Mail <input type="checkbox"/> In-Person <input type="checkbox"/> Other:
Officer authorising	
Additional Approval	<input type="checkbox"/> Not Required <input type="checkbox"/> Approved
	Signature: <input type="text"/> Date: <input type="text"/>
File reference / storage location	