

Consent to Release Academic Records to The Victorian Institute of Teaching



La Trobe University - Shepparton

Student ID		Course	
Surname		Given Names	
Previous Names			
Date of Birth		Telephone No	Mobile No
Address			

I understand that under the Victorian Institute of Teaching Act 2001, in order to be eligible for provisional registration, I must provide to the Institute, evidence of any qualifications that lead to registration.

I consent to

La Trobe University

releasing my Academic Record (teacher education qualification) to the Victorian Institute of Teaching solely for the purpose of any future assessment of my qualifications for teacher registration in Victoria.

I understand that information obtained by the Institute is subject to the Information Privacy Principles set out in the Information Privacy Act 2000. Information received from the University will be stored on secure personal files and will not be released.

I acknowledge that the University is not liable for any delay in my application being processed if the transcript has not been received by the Victorian Institute of Teaching.

Applicant's Signature:

Date:

Please Note: This service will not be available if consent is not provided **by final unit class**.
This service is only available to students completing their studies in 2007

Once complete, return this form to:

Natasha Katoa - Education Faculty Office (Bendigo Campus) by final unit class.

Please do not send this form to the Victorian Institute of Teaching.

THIS IS NOT AN APPLICATION FORM FOR TEACHER REGISTRATION

Faculty of Education

La Trobe University P.O. Box 199 Victoria 3552
Telephone: (03) 5444 7885, Facsimile: (03) 5444 7899