

APPLICATION FOR RELEASE OF RESTRICTED PERSONAL INFORMATION

I _____
 declare that I am the person stated above. I understand that restricted personal records can only be released by the Department to the person concerned, or if that person is deceased or medically* unable to provide consent, to his or her adult next-of-kin (see back of this form to determine adult next-of-kin).

Under the provisions of the above policy, I state that I am eligible to be granted access to restricted personal records which are held by the Department on the following person/s:

(SECTION A) NAME OF PERSON	YOUR RELATIONSHIP TO PERSON (i.e. Self, Son, Daughter, Niece)	DECEASED or MEDICALLY UNFIT

I further agree to produce proof of my identity to an officer of the Department of Communities if requested.

SIGNATURE: _____

ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE NUMBER: () _____ **DATE:** ____ / ____ / ____

CERTIFIED AND SIGHTED PROOF OF IDENTITY

(NOTE: this section is to be completed by a person who is **NOT** a member of the applicant's family)

NAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE NUMBER: () _____ **DATE:** ____ / ____ / ____

SIGNATURE: _____

Privacy Statement - The information you provide on this form will be used to assist in researching your personal or family history request. This information may be disclosed to various organisations that hold records to assist in locating files or documents relevant to your request.

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM IF YOU ARE
GRANTING ACCESS TO ANOTHER PERSON**

PERMISSION TO ACCESS RESTRICTED RECORDS

(Name of person providing permission)

being the adult next-of-kin† of those persons listed in Section A, hereby give my permission for the person/s listed below to have access to (or a summary* of) their personal records which are held by the Office for Aboriginal and Torres Strait Islander Partnerships, Department of Communities.

(Name of person/s or Representative Body/Land Council being given permission)

*(*PLEASE NOTE - only summaries of information will be provided to Representative Bodies and Land Councils; the records will be sent directly to the claimant)*

(Address of person/s or Representative Body/Land Council being given permission)

SIGNATURE:

(Signature of person providing permission)

DATE: ____ / ____ / ____

* If you are seeking access to the restricted records of a person who is medically unable to give consent, you may be asked to provide proof of power of attorney or a letter from a doctor or nursing home.

†ADULT NEXT-OF-KIN means the following persons in the order as indicated:

Spouse of person concerned, or if deceased,
any **children** of person concerned, or if deceased,
parents of person concerned, or if deceased,
brothers and **sisters** of person concerned, or if deceased,
any **grandchildren** of person concerned, or if deceased,
any **grandparent** of person concerned, or if deceased,
any **Aunty** or **Uncle** of person concerned, or if deceased,
any **niece** or **nephew** of person concerned, or if deceased,
any **cousin** of person concerned.

If you have any questions regarding the completion of these forms please do not hesitate to contact Community and Personal Histories on freecall 1800 650 230 or contact us at -

**Community and Personal Histories
Aboriginal and Torres Strait Islander Services
Department of Communities
GPO Box 806
BRISBANE QLD 4001**

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(Name of person providing permission)

being the adult next-of-kin† of those persons listed in Section A, hereby give my permission for the person/s listed below to have access to (or a summary* of) their personal records which are held by the Office for Aboriginal and Torres Strait Islander Partnerships, Department of Communities.

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any **grandchildren** of person concerned, or if deceased,
any **grandparent** of person concerned, or if deceased,
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(Name of person providing permission)

being the adult next-of-kin† of those persons listed in Section A, hereby give my permission for the person/s listed below to have access to (or a summary* of) their personal records which are held by the Office for Aboriginal and Torres Strait Islander Partnerships, Department of Communities.

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