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[www.olivasplace.org.au](http://www.olivasplace.org.au)

## AUTHORITY TO RELEASE INFORMATION

I hereby authorise \_\_\_\_\_ to supply my contact details to Olivia's Place for the purpose of arranging an appointment and/or support services.

I consent to being contacted by Olivia's Place staff via the details provided below.

I agree that this information will be kept private and confidential and will only be used for the purpose outlined above.

I agree that Olivia's Place will attempt to contact me no more than 3 times to arrange an appointment and/or support. After this point, I will be responsible for contacting Olivia's Place directly if I choose to do so.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_