



Department of  
Education

# AUTHORITY TO ACT FORM

D21/0132106

I, \_\_\_\_\_ *[Full Name]*

Of \_\_\_\_\_ *[Address]*

give my permission for \_\_\_\_\_ *[Representative's Name]*

To act on my behalf regarding my student records held by The Western Australian  
Department of Education.

Please see attached Proof of Identification.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Enquiries Ph. 08 9264 4564

[FOI.enquiries@education.wa.edu.au](mailto:FOI.enquiries@education.wa.edu.au)