

**Authority to Enquire and Correspond**

I, Click or tap here to enter text. authorise RIAC to receive information and enquire on my behalf for the purpose listed below.

I understand that I can withdraw this consent at any time.

I agree that information related to my matter can be sought:

Verbally [ ]

Electronically [ ]

Hard copy [ ]

from the following third party:

|  |  |
| --- | --- |
| **Third Party Name****(Only list one per sheet)** | **TYPE AND PURPOSE OF INFORMATION. (Include exceptions)** |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Client Name:Click or tap here to enter text. | Sign/Verbal Consent given | Date:Click or tap to enter a date. |
| Staff Name:Click or tap here to enter text. | Sign: | Date:Click or tap to enter a date. |

**\*Please note that RIAC will seek and record your consent to share your information if it is requested by a third party**.

If unable to sign, staff to complete the following: I, Click or tap here to enter text. have met/spoken with Click or tap here to enter text. on date Click or tap to enter a date. and believe that they understand, agree to, and wish to sign this consent form, but are unable to do so currently.

