



Murraylands

CONSENT TO RELEASE PERSONAL INFORMATION

I,being the parent/carer of

....., a participant in The L2P Program,
hereby consent to the following.

Please note:

- *If you do NOT agree to release a section listed below, please put a line through it and initial the deletion.*
- *For sections where you are clarifying son/daughter/child in my care, please delete that which is not applicable.*
- *Child in Your Care for this form is a person between the ages of 16 and 18 years of age.*

The release of my son / daughter / child in my care personal contact details to SA Department of Planning, Transport and Infrastructure for the purpose of verifying his/her current driver's license. . **(This is a compulsory requirement)**

My son / daughter / child in my care being photographed for Program promotion and recognition. This could be Television or YouTube etc. promotion.

Having photographs of my son / daughter / child in my care being added to L2P website; newspapers; press releases and/or advertising in order to promote The L2P Program.

A photocopy of his/her South Australian Learner Driver's Licence (with photo) being retained for program administration purposes. **(This is a compulsory requirement)**

.....

Please Print Your Full Name

You are signing as a parent / guardian of the Youth Learner Driver named above
Your son/daughter/child in you care is asked to countersign the consent release.

.....
Parent/Guardian Signature

.....
Signature of Youth named above

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If you would like a copy of this form, please request at time of lodgement.