

## Certificate Verification Authorisation

### Instructions:

The purpose of this document is for the Applicant named below to provide Allens Training Pty Ltd with authorisation to approach a third party for verification of issued certification documents.

Allens Training will only use this information to evaluate the applicant for verification purposes and will not release the information to any third party unless required to do so via subpoena or court order. If you have any questions, please do not hesitate to contact the 3<sup>rd</sup> Party Compliance Team by emailing [compliance@allenstraining.com.au](mailto:compliance@allenstraining.com.au)

### Applicant's Authorisation:

I, the undersigned hereby authorise the release of information in relation to verification of my Qualifications and/or Statements of Attainment issued by you as a registered training provider to Allen's Training Pty Ltd (Registered Training Provider #90909) as requested.

**Applicants Printed Name:** \_\_\_\_\_

**Applicant's Signature**\_\_\_\_\_

**Date:** \_\_\_\_\_