



I want a copy of the documents in electronic form on CD

I want to inspect the documents

I want access provided in a different form. Please specify

Access charges may apply. For more information please refer to the TAC's brochure, *The TAC and the Victorian Freedom of Information Act 1982*, available on our website [www.tac.vic.gov.au](http://www.tac.vic.gov.au) or call us on 1300 654 329.

Applicant's signature

Date

### Authority to release documents to representative

If this application is for personal information and is made by a representative of that person, please complete this Authority.

I, (name of person whose information is requested)

of (address)

  

whose date of birth is

hereby authorise the release of all documents relative to this Freedom of Information request, directly to my representative.

Signature

Representative name

Representative address

  

Date

### Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)