Third Party Authority Form

Migrant Workers Centre

I, [insert full name]of [insert address] give permission for the Migrant Workers Centre Inc. and [insert person/organisation name] to communicate with each other about my [insert detail] case verbally or in writing. This authorisation extends to the sharing of any information or documents about me, including my personal information.

…………………………………

**Signature**

…………/…………/…………

**Date**