



## Consent for a Third Party to Receive your Personal or Family History Records

I (full name) .....

of (address) .....

.....

give consent to (full name) .....

of (address) .....

.....

to receive by Registered Post copies of archived records held by the Department of Local Government, Sport and Cultural Industries (DLGSC) about me, or people in my family history whose records I have access rights to under the DLGSC *Policy for Access to Restricted Information managed by the Aboriginal History Research Unit*.

Signed .....

Date .....

If you have any further questions, please call the Aboriginal History Research Unit on 1300 651 077.

