

## **Towards Healing**

I ..... hereby authorize the  
(Full Name)

Professional Standards Office (Catholic Church) Queensland to release to

.....  
(Name of person and/or organisation to receive the information)

information and/or documents held by that office relating to the *Towards Healing* matter in which I was the complainant/claimant.

I give permission for the Professional Standards Office (Catholic Church) Queensland to contact me to verify any conditions relating to this authorization.

I agree to give any further information or assistance that the Professional Standards Office (Catholic Church) Queensland may request to accomplish the release of the information or documents.

### Contact Details

Telephone: .....

Mobile telephone: .....

Email address: .....

Address: .....

Signature: .....

Date ...../...../.....