



54 – 56 Peel Street West End Q 4101

### AUTHORITY TO GAIN ACCESS

DATE: ...../...../.....

#### To Whom It May Concern

I, (Print Full Name).....give my permission to Link-Up (Qld) staff members to access any information on my behalf to assist me in my search for my natural family.

I understand that records may be held within the State/National Archives, State Libraries, Departments of Communities, Child Safety and other Link-Up Services as well as other repositories.

I authorise the Staff of Link-Up (Qld) to gain copies of records on my behalf. I understand that any personal or family information will be stored on the Link-Up (Qld) database system and hard copy files.

I understand Link-Up (Qld) may retain a copy of my documentation / information for recording and storing purpose only. I authorise the staff of Link-Up (Qld) to seek information verbally or in writing relevant to my case with other agencies and other Link-Up Services.

SIGNATURE: .....

PRINT NAME: .....

PLEASE ATTACH: THREE (3) COPIES CERTIFIED BY A JUSTICE OF THE PEACE (J.P.) IDENTIFICATION DOCUMENTS eg. Drivers Licences, Birth Certificate, Health Care Card, Medicare Card, Bank card, TAFE/Student ID etc...

**PLEASE NOTE: ONCE INFORMATION HAS BEEN OBTAINED, A CASEWORKER WILL CONTACT YOU BY PHONE OR IN WRITING.**