



Consent for a Third Party to Receive/View 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 Aboriginal Affairs about me, or people in my family history whose records I have access rights to under the Department of Aboriginal Affairs *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.