

**NOTICE OF AUTHORITY**

**TO: NSW AMBULANCE**

**RE: Application under *Government Information (Public Access) Act 2009*  
(GIPA Act)**

I, (*name \_\_\_\_\_ and address \_\_\_\_\_*), give permission for NSW Ambulance to release records which contain my personal and health information, pursuant to the *Government Information (Public Access) Act 2009* (GIPA Act).

I agree that the records can be released to \_\_\_\_\_ as the applicant for the information.

**SIGNED:**

**DATE:**