

Authorisation for Disclosure of Information to Agent



I authorise the Registrar-General of Births, Deaths and Marriages to disclose any information to which I am entitled from the Human Assisted Reproductive Technology Register to:

_____ *Full name of "Agent"*

_____ *Signature of donor*

or

_____ *Signature of donor offspring or guardian*

_____ *Printed full name of donor*

_____ *Printed full name of donor offspring or guardian*

_____ *Today's Date*