

THE HONG KONG POLYTECHNIC UNIVERSITY
DEPARTMENT OF APPLIED SOCIAL SCIENCES

Consent Form for Release of Personal Information

I understand that Mr. / Ms* _____ who is a social work student of the Department of Applied Social Sciences of The Hong Kong Polytechnic University is going to have discussions with me over matters relating to my personal and family life. I would like to give consent to release the necessary personal information so as to facilitate his/her work. I also understand that his/her supervisor will be consulted over problems relating to my personal and family situation and hence some of the relevant information (excluding personal names of myself and my family) will be shared with the supervisor.

* delete if inappropriate.

Name: _____

Signed: _____

Date: _____