

 Government of South Australia	Health Flinders and Upper North Local Health Network	FLINDERS AND UPPER NORTH LOCAL HEALTH NETWORK
Doc Ref: FUNLHN FOI-009 V1		AUTHORITY FOR ACCESS TO DOCUMENTS OF A THIRD PARTY

*To be lodged with an Application for Access to documents made under the
Freedom of Information Act 1991 (SA)*

Details of Person giving Authority

Full Name			
Address			
	Postcode		
Phone		Email	
Date of Birth			

Details of Agent requesting documents of a third party (Individual or Organisation)

Organisation			
Contact Name			
Address			
	Postcode		
Phone		Email	

Details of Authority

Authority to obtain information from:
Specify documents/date range:

Declaration

I, _____ understand that the information requested by the Agent/ individual will be provided under the *Freedom of Information Act 1991 (SA)*.

This Authority is valid until _____ (Date).

(Signed)

(Date)