

 Government of South Australia	<b>Health</b> Riverland Mallee Coorong Local Health Network	<b>RIVERLAND MALLEE COORONG          LOCAL HEALTH NETWORK</b>
		<b>AUTHORITY FOR ACCESS TO DOCUMENTS OF A          THIRD PARTY</b>

*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		Date of Birth	
Email			

**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)