



THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

SCHOOL OF MEDICINE, FREMANTLE

Doctor of Medicine

**PERMISSION TO RELEASE CONTACT INFORMATION TO MEDICAL STUDENTS ASSOCIATION OF
NOTRE DAME – MSAND**

I, (full name)

Student ID No.:

Give the School of Medicine, Fremantle permission to release my contact details to
Medical Students Association of Notre Dame – MSAND.

Has not been actioned

