

Access to Records Request Form

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| Full name: | |
| Address: | |
| Contact Details: | |
| Student ID Number: | |

I wish to request access to the following records:

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How would you like to access these records?

- Copy posted to me
- View the records in person

Proof of Identity

We require you to provide proof of your identity as the student named above.

I am providing the following as evidence (choose 1):

- Passport
- Birth certificate
- Driver's license
- Proof of Age Card

I have provided this as:

- Original shown to staff member
- Certified copy of original

RTO (indicate): Sighted/Photographed Original/Copy received
Staff Initial: _____ Date: _____

| | |
|-------------|-----|
| Signed: | |
| Print name: | |
| Date: | / / |

Please return this form to our office