

Access to Records Request Form - International Students

| a | | | | | | |
|--------------------------------|---|-------|---|-------|-------|--|
| Student Name | | | , | | | |
| Student ID | | | | | | |
| Contact No. | | Email | | | | |
| Address | | | | | | |
| I wish to request acce | ess to the following record | S: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| How would you like to | access these records? | | | | | |
| Copy posted to r | ne (fee applicable) | | | | | |
| View the records | in person | | | | | |
| Proof of Identity | | | | | | |
| | ovide proof of your identity llowing as evidence (choo | | dent named ab | oove. | | |
| Passport | | | | | | |
| Birth certificate | | | | | | |
| Driver's license | | | | | | |
| Birth certificate | | | | | | |
| I have provided this as: | | RT | RTO (indicate): Sighted/Photographed Original/Copy received | | | |
| Original shown to staff member | | St | aff Initial: | | Date: | |
| Certified copy of | original | | | | | |
| Signed | | | | | | |
| Student Name | | | | | | |
| Date | | | | | | |
| <u> </u> | | | | | | |

Please forward this completed form to our office on the details below.