

Access to Records Request Form

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

I wish to request access to the following records:

How would you like to access these records?

- Copy posted to me
- View the records in person
- I grant permission for the following person to access the above records

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