

Request to Access Information Form

About this Form

This form is to be used when student's requesting access to their records in order to monitor their
participation and progress. Please note that, there is no cost to simply view records at the office.

Student Details

Given Name/s	Surname	
Date of Birth	Gender	☐ Male ☐ Female ☐ Other
Student Number		
Course Enrolled		
Address (including street number and name, suburb or town, postcode and country)	Postal Address (if different)	
Phone Number		
Email		

Request Description

Please briefly describe your request de	tails.					
Do you like to receive copies of your re	cords?	Yes		No		
I will pick up my requested records. □						
I need my transcript mailed to my:	Address		Postal A	ddress		

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Student Declaration

Recorded in SMS

Officer

Position

Date

Saved in Student Folder

Signature of Assessing

Name of Assessing Officer

Information provided in this form is correct and complete to the best of my knowledge.

Name						
Signature						
Date						
Office Use Only						
Application Outcome	□ Approved	□ Not Approved				
Outcome Details and Reason/s						