

## 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 meView 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