



RECORDS REQUEST FORM

ACCESS TO TRAINING AND PERSONAL RECORDS	
Date:	
Name of the Person Requesting the Records:	
Date of Birth:	
You are:	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Third Party
Name of the Person Requesting the Records FOR:	
Student ID (if applicable):	
RECORD INFORMATION	
Type of Record(s) requested:	<p><u>For Students</u></p> <input type="checkbox"/> Current Academic Results <input type="checkbox"/> Issued Qualification details <input type="checkbox"/> Course Progress <input type="checkbox"/> Personal Documents <input type="checkbox"/> Tuition fee and payment details <input type="checkbox"/> Enrolment / Admission related documents <input type="checkbox"/> Other.....
	<p><u>For Staff</u></p> <input type="checkbox"/> Employment Details <input type="checkbox"/> Salary and superannuation details <input type="checkbox"/> Taxation details <input type="checkbox"/> Personal documents <input type="checkbox"/> Other.....



Print Name:					
Signature:			Date:		
ADMIN USE ONLY					
Student's/ Staff's Signature verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:		Date:	/ /
Documents received or viewed on?	/ /	Signature:		Date:	/ /
Returned on storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:		Date:	/ /
Returned on storage on?	/ /	Signature:		Date:	/ /