

ACCESS TO RECORDS REQUEST FORM

To access a student file please complete this form:

Individual Requesting access

Who are you? *Circle or detail below*

Student **Trainer** **Other: specify** _____

Name _____

Phone contact _____

Details of File to Access

Student Name _____

Student Number

Reason for Access *Please write reason below*

Circle date available to view file:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

*If requesting file to be posted please complete section below.
Please note photocopying and postage charges will apply.
Cost will be confirmed on application*

Contact details

Name _____

Address _____

Signature _____ **Date** _____