|  |  |
| --- | --- |
| 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

**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:

RTO (indicate): Sighted/Photographed Original/Copy received

Staff Initial: Date:

🞏 Original shown to staff member

🞏 Certified copy of original

|  |  |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  / / |

**Please return this form to our office**