



## 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*

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*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** \_\_\_\_\_