

AFS11 Request to Access Student Records Form

Student Name:	
Address:	
Contact Details:	
Student ID Number:	
Course Enrolled:	
I wish to request access to the following records:	
How would you like to access these records?	<input type="checkbox"/> Copy post or email to me <input type="checkbox"/> View the records in person
Proof of Identity: We require you to provide proof of your identity as the student name above. Please select one of the following methods of identification.	
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Age Card
Proof of Identity is provided as:	<input type="checkbox"/> Original shown to staff member <input type="checkbox"/> Certified copy of original
Signature:	Date:

OFFICE USE ONLY			
Date Received:		Received By:	
ID Checked:		Checked By:	
Records Provided:		Date Provided:	
Provided By:		Signature:	