

AFS12 Amendment to Records Request Form

Use this form if you believe the records held by ALLIED INSTITUTE are incorrect and need to be amended.

Student Name:				
Contact Details:				
Student ID Number:				
Course Enrolled:				
Please explain which records need to be updated and why they are incorrect.				
Please attach evidence that proves the records are incorrect. List the evidence here.				
Please provide your contact details in case we need to get in touch with you about this request.				
Signature:			Date:	

Please return this form to our office.

We will notify you in writing of how we have responded to this request.

OFFICE USE ONLY				
Date Received:			Received By:	
Records Amended:			Date Amended:	
Amended By:			Signature:	