

HFS11 Request to Access Student Records Form

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|--|--|-------|--|
| 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"/> Birth Certificate <input type="checkbox"/> Driver's Licence <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: | |