

# CFS11: 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:	