

CFS12: Amendment to Records Request Form

Use this form if you believe the records held by Collins Academy 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: | |