



APPLICATION FOR ACCESS TO COLLEGE RECORDS

THIS FORM IS TO BE COMPLETED BY THE PERSON WHO IS REQUESTING THEIR OWN RECORDS OR BY THAT PERSON'S PARENT/GUARDIAN

All applications need to be approved by the Principal

Details of the person whose records are requested

Surname: _____ Given Names: _____

Date of birth: _____

Address: _____

Contact phone number: _____

Email address: _____

Years at the College: _____

Details of the information requested: _____

Reason: _____

Format required:

- Email
- Hard copy sent to the address above
- Other:

Applicant's details (if different from above)

Surname: _____ Given Names: _____

DOB: _____

Relationship to the person whose records are being sought: _____

Address: _____

Contact phone number: _____

Grounds for authority

- I am the person whose records are being requested
- I am the person's Parent/Guardian
- I have the person's/Parent's/Guardian's written consent (please attach and upload signed consent)
- By submitting this application, I confirm that the details above are correct

Office use only

Principal approved: _____

Completed by: _____ Date request completed: _____

Details: _____