



APPLICATION FOR ACCESS TO COLLEGE RECORDS

Details of the person whose records are requested:

Surname: _____ Given Names: _____

Enrolment name if different from above: _____

Date of birth (dd/mm/yyyy): _____

Address: _____

Contact phone number: _____

Email address: _____

Proof of identity (at least one is required)

Please attach proof of identity in the form of a current copy of:

Driver's license Passport Birth Certificate Other (please specify) _____

Details of the information requested:

Reason: _____

I am seeking the above information for the period (yyyy): from _____ to _____

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)

Signature and declaration

I declare that the information I have provided is true and correct

Applicant's signature: _____ **Date:** _____

Please note:

- All applications need to be approved by the College Principal.
- Applications may take 5-7 working days to process.
- You must provide enough detail on your application, and proof of identity, for Marist Regional College to search for your personal information.
- The College acknowledges we may no longer hold some personal information: i.e., records disposed of under legislation or within the guidelines of the Record Retention and Disposal Schedule for Non-Government Schools.

Office use only.

Principal approved: _____

Completed by: _____ Date request completed: _____

Details: _____