

information request form

This form is to be completed by people requesting the following information:

- Copy of Enrolment and Student Forms
- Competency Records
- Progress and Learning Reports
- Copy of completed Assessment Tasks
- All other reports

Personal details of student:

Surname: _____ Title: Mr Mrs Miss Ms
 First Name: _____ Middle name _____
 Phone: H _____ Mobile: _____
 Email: _____
 Address: _____ Postcode _____
 Course: _____

Personal details of person making request (if different to above):

Surname: _____ Title: Mr Mrs Miss Ms
 First Name: _____ Middle name _____
 Phone: H _____ Mobile: _____
 Email: _____
 Address: _____ Postcode _____

Relationship to student: Guardian or parent with written permission to view student files
 Case/Support Coordinator with permission to view student files
 Other as indicated by student

Relevant details: _____

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information request form

I (insert name) _____ wish to access Inclusion Training records or personal information about the student named on Page 1 of this form.

Please provide details of the information requested and intended use:

Signature:

Name: (print).....

Date:

Office Use Only

Verification of person making request Yes No

Request approved Yes No

Date.....

Authorised Staff Member's Name (print)

Signature:

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