

## 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  First Name:   
 Middle name \_\_\_\_\_ Middle name \_\_\_\_\_  
 Phone: H \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

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

Relevant details: \_\_\_\_\_

<b>Document Name</b>	Information request Form	<b>Reference:</b>	
<b>Issue Date</b>	13/01/2025	<b>Review Date</b>	13/01/2026
		<b>Version No.</b>	4



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

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:

Four horizontal lines for providing 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:

.....

<b>Document Name</b>	Information request Form		<b>Reference:</b>		
<b>Issue Date</b>	13/01/2025	<b>Review Date</b>	13/01/2026	<b>Version No.</b>	3
<i>Document Control Management – Uncontrolled when printed</i>					<i>Page 2 of 2</i>