

PFS11 Request to Access Student Records Form

Student Name:			
Address:			
Contact Details:			
Student ID Number:			
Course Enrolled:			
I wish to request access to the following records:			
How would you like to access these records?		☐ Copy post or email to me ☐ View the records in person	
Proof of Identity: We require you to provide proof of your identity as the student name above. Please select one of the following methods of identification.			
☐ Passport ☐ Driver's Licence	_	ertificate of Age Card	
Proof of Identity is provided as:		☐ Original shown to staff member ☐ Certified copy of original	
Signature:		Date:	
OFFICE USE ONLY			
Date Received:		Received By:	
ID Checked:		Checked By:	
Records Provided:		Date Provided:	
Provided By:		Signature:	