REQUEST FOR RETRIEVAL OF STUDENT RECORDS

Name: _____ **Date of Birth:** _____

Student Number: _____ **Date:** _____

Please outline your request for retrieval of student records below:

COMMENTS:

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Applicant Signature: Date:

_____ _____

Office use only:

Comments/ What form of identification was provided: _____

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Request Approved: Sign: _____ Date: _____

Information Issued: Sign: _____ Date: _____

RTO Manager or Authorised Officer Signature: Date:

_____ _____