

REQUEST FOR STUDENT RECORDS FORM

Instructions:

1. This form is used for formally requesting access to a students records held by Platinum Safety and Training. Students requesting to access their own records, should complete Section 1 of this form.
2. Third parties seeking access to clients records other than for the purchase of updating or auditing, will require authorisation by the individual whose records they wish to access will require complete both sections 1 and 2 of this form.
3. Once completed, this form should be submitted to Platinum Safety and Training either info@platinumsafety.com.au or mail to: **2/6 Weld Street Prestons NSW 2170**
4. All requests must have attached copies of suitable identification for the individual in order to verify their identification and acceptance of the below form.

Note: As per ASQA's general direction and Platinum Safety and Training policy, student assessment records are only maintained for 6 months unless required for licencing or other purposes. For this reason, any requests for assessment records older than 6 months may not be fulfilled.

Section 1:

Surname: _____

Given Names: _____

Certificate number: _____

Course name/date: _____

Date of Birth: _____

Phone number: _____

Email: _____

By completing the below declaration, I have confirmed my approval for Platinum Safety and Training to access my personal records and provide them directly to myself or to the third party as provided in section 2 of this document. I have attached a copy of my identity as verification.

Authorising Signature: _____ Date: _____

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Section 2:

Third Party Details: Please provide the details of the person/Company requesting access to the student records and the reason for this request. Please note that this will be confirmed with the student prior to the approval.

Surname: _____

Given Names: _____

Company Name: _____

Reason for request:

Signature: _____

Date requested: _____

Office use only:

Authorisation must be granted only by the Managing Director of Platinum Safety and Training.

Managing Director: _____

Signature: _____ Date: _____