Student Records Request Form

Student's requesting access to their records in order to monitor their participation and progress are required to complete this form and submit it to the Office Manager. Please note that, there is no cost to simply view records at the office. If printed or electronic copies of records are requested a \$10.00 one off copy fee will apply for each enrolment. Payment of this fee should accompany this request form.

Return form via mail, fax, or in person to: Australian College of Skills & Education Address:22 Granada Place, Oakhurst, NSW, 2761 Phone: Fax:

- Hours Monday Friday 8:30am 5:00pm
- One off copy fee \$10.00 Fee per Course
- Cash, Visa or MasterCard
- Picture ID Required
- Allow two Business days to process request
- All incomplete Request will be Returned

| Student Name: | | |
|--------------------------------------|-----|------|
| Date of birth: | | |
| Phone number: | | |
| Course enrolled: | | |
| Date enrolled: | | |
| Description of Records Requested: | | |
| Are copies requested | Yes | No 🗆 |

□ I will pick up my transcript/records (72-hour processing time)

□ I need my transcript mailed to: (Name and Address for mailing)

Please release records to: ______ (ID REQUIRED)

Print name: ____

Signature: _____

