

Access to Records Request Form

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| Student Name: | | |
| Address: | | |
| Phone: | | |
| Email: | | |
| Course: | | |
| Date of Application: | | |
| I wish to: | | |
| <input type="checkbox"/> Request Access to Student Records | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Request Access to Financial Records | | |
| <input type="checkbox"/> Request Access to Academic Records | | |
| Please list records that you wish access to: | | |
| | | |
| Student Signature: | | |
| Date: | | |

| | | |
|---------------------------------|--|-----------|
| <i>Administration Use Only:</i> | | |
| Access approved? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Comments: |
| Formal ID check completed? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | |
| Records supplied to student? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | |
| Animal Academy Signature: | | |
| Date: | | |

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Please note formal ID will need to be sighted before access to files are given. Acceptable ID would be a driver's license, Medicare card, and/or passport.