

## **Student Request for Access to Records Form**

The processing of requested records may take up to 10 working days once this Form has been received and any invoices issued for printing costs have been confirmed as paid.

Course and 0	Code											
Student Name						Studer	nt Numbe					
Contact Number						D.O.B						
Address						Suburl	)					
Postcode						State						
Email Addres	ss											
			<b>.</b>			40.0						
Send Completed Form to:			Post: Level 6, 140 Creek Street Brisbane 4000									
-		Email: admin@get.edu.au										
Detailed description of records requested (please attach additional page if required):												
How would you like to receive copies of your records? ☐ Post ☐ Email ☐ Pick Up												
Declaration			lconfirm that I have read and understood the 'Student Access to Records Policy & Procedure' available on Success resource's website www.successresources.com.au and authorize Success Resources to send out the records as described and by the method I have identified above.									
Student Authorisation Signature			Date									
Office Use Only												
Date received:			Received by:									
Approval:	The rec	cords requeste	ed are	d are approved for			release to the Student			Yes		No
Method of how the records are issued to student												
Sent By				Signed					Date	Date		