

**ACCESS TO RECORDS REQUEST FORM**

**PERSONAL DETAILS**

<b>Student Name:</b>		<b>Student ID:</b>	
<b>Contact number:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Course:</b>			

**I wish to request access to the following records:**

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**How would you like to access these records?**

Copy posted to me                       View the records in person

**Proof of Identity**

We require you to provide proof of your identity as the student named above.  
 I am providing the following as evidence (choose 1):

Passport  
 Birth certificate  
 Driver's license  
 Proof of Age Card

I have provided this as:

Original shown to staff member  
 Certified copy of original

**Acknowledgement**

I understand that my application for access to my personal file is controlled by Cornell Institute of Training's Privacy Policy.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR OFFICE USE**

**Authorisation for Processing**

**Action to be taken:**                       Approved                       Denied

**Access Date:** .....

**Comments:**

.....

.....

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_