

APPLICATION FORM "REQUEST TO ACCESS STUDENT RECORDS"



INSTRUCTIONS TO USE THIS FORM -

If AIWT receives a request from a student or an employer or another nominated party to release academic records and/ or results or other student information, the student must give permission in writing.

AIWT is committed to protect and keep all student information collected secure. All handling of data will occur in accordance with the Privacy Act 1988. Therefore, all requests for student records must be approved by the student. An acceptable ID (100 points) must be attached with this application to verify the applicant and the Third-Party e.g. certified copy of passport, AUS D/L.

Processing time: Please allow up to 10 working days for this application to be processed

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|--|----------------------|
| Section A –Student Details | |
| AIWT Student ID Number | |
| Family Name: | Given Name: |
| Phone contact: | Email: |
| Address: | Suburb: Postcode: |
| Employer's Business Name: | Employer's Address: |
| Contact Person: | Contact email: |
| Section B –Course Details <i>Please provide details of the program of study</i> | |
| Course Code: | Course Name: |
| Trainer/ Assessor: | Campus: |
| Section C - Type of Record/s required | |
| Please list what type of academic records you require, and/or you authorise to release: | |
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Section D – Lodgement of Application by a Third Party or to a Third Party – the student must approve this request in the declaration by student

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|-------------------|--|
| Third Party Name: | Email: |
| Address: | Certified ID attached: |
| Phone: | <input type="checkbox"/> Passport |
| | <input type="checkbox"/> AUS Drivers Licence |

Section E – Declaration by student

☐ I declare that the information provided by me is, to the best of my knowledge, true and correct.

☐ If I am under 18 of age, my legal guardian must sign this form.

Student Name: _____

Student Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

☐ I declare that I approve to have the following records released as listed **under section C** release to the following company.

(Company) _____ (Name) _____

Student Signature: _____ Date: _____

Submission has been made:

☐ In person by student 2/19 Kent Way, Malaga WA 6090

☐ By Mail PO Box 3425 Malaga WA 6090

☐ Email: studentservices@aiwt.edu.au

☐ By the third party authorised by the student

OFFICE USE ONLY – Assessment of Application

| | | |
|---|--------|---------|
| Application has been approved | Yes/No | Officer |
| Student ID has been verified | Yes/No | Officer |
| The required records have been authorised by SSC and sent and recorded on SMS | Yes/No | Officer |