3/62 Robinson Street Dandenong VIC 3175
E: info@angelinstitute.com.au
T: (03) 97925259
RTO: 22115

Access to Records Request Form

Full name:	
Address:	
Contact Details:	
Student ID Number:	

I wish to request access to the following records:

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

RTO (indicate): Sighted/Photographed Original/Copy received
Staff Initial: Date:

Signed:	
Print name:	
Date:	/ /

Please return this form to our office