

## REQUEST FOR ACCESS TO STUDENT RECORDS

Instructions for use of this form:

1. This form is to be completed by the student requesting access to their personal records.
2. It must be completed, signed and original copy forwarded to:

**HEAD OFFICE ADDRESS:**

Level 1, 20 Otter Street  
Collingwood VIC 3066

PHONE: (03) 90880287

or in

**QUEENSLAND OFFICE ADDRESS:**

Level 2, 8 Clunies Ross Court,  
Eight Mile Plains QLD 4113

PHONE: (07) 3180 2300

3. For assistance with this form you may contact our admission team via email through [info@sherwood.edu.au](mailto:info@sherwood.edu.au) or you may call the numbers stated above.

Name			
Address			
Telephone / Mobile			
Course attended			
Date of Birth			
Document Needed			
Student Signature		Date	
Approved by Training Manager		Date	
Approved by PEO		Date	

Note that under no circumstances are personal records to be provided or removed from the organisation.

Refer enquiries and requests to the PEO of Sherwood Institute of Australia.

**Related Link:**

**[Personal Information and Privacy Policy and Procedure](#)**