

SWTS- Access to Records Request Form

Full name:	
Address:	
Contact Details:	

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

Signed:	
Print name:	
Date:	/ /

Please return this form to our office

Office Use Only
RTO Sighted/Photographed Original/Copy received

Staff Initial: _____ Date: _____