

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:

Suite 4, 45 Smart St.

Fairfield, NSW 2165

PHONE:

(07) 3708 1061

3. For assistance with this form you may contact our admission team via email through info@communityeducation.edu.au or you may call the number stated above.

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

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

Refer enquiries and requests to the CEO of CEA.

Related Document:

Personal Information and Privacy Policy and Procedure