



Park Orchards
Community House
& Learning Centre

ACCESS TO STUDENT RECORDS FORM

Name of Student:	
Name of Course:	
Year of Completion:	
Contact Phone Number:	
Contact email address:	
Documents required:	
Name of Person accessing records:	
Signature of person accessing student records	
Approved by:	
Signed:	
Date:	

Photo ID sighted by:		Staff position:
Authorisation Letter received	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Fee Paid	\$	Rec No:
Documents collected by:		Signed:
POCH&LCI Staff Member:		Signed:
Date:		