

## 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

*AEATS Personnel Only:*

*Sighted & Photographed Original*

*or*

*Copy received*

*Staff Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

|             |  |
|-------------|--|
| Signed:     |  |
| Print name: |  |
| Date:       |  |

Please return this form to any AEATS personnel or email along with your identification evidence to:  
[admin@aeats.com.au](mailto:admin@aeats.com.au)