

Level 1, 209 Lonsdale Street Melbourne, VIC-3000, Australia

startup@insightacademy.edu.au

www.insightacademy.edu.au

RTO: 41393 CRICOS: 03467G ABN: 53 600 410 419

REQUEST FOR ACCESS TO STUDENTS RECORDS FORM

This form is to be completed by the student requesting access to their personal records. It must be completed, signed and original forwarded to admissions. Information will be provided in 8 working days.

Personal							
Details	Student Name:						
	Student ID:						
Home							
Address							
	Suburb: Postcode:						
Contact							
Details	Mobile:						
	Home Phone:						
	Email:						
Course(s)							
Document (s)							
Requested							
Reason							



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Acknowledgement						
I understand that my a	application in acc	cessing my persor	nal file is cor	ntrolled by Ins	sight Academy's	Privacy
Policy.						
Student signature:	Print Name:			Date:		
		Office use	only			
Descived Dv		Office use	Offic	Data		
Received By:				Date:		
Action to be Taken:				Date		
Action to be runein				Processed:		
Comments:		, , , , , , , , , , , , , , , , , , ,				