**Student Access to Records Request Form**

Student’s requesting access to their records in order to monitor their participation and progress are required to complete this form and submit it to the Campus Manager. Please note that, there is no cost associated with requesting access to your records. As per the student handbook, a fee of $50.00 applies for a request for a reprint of a qualification.

**Return form via mail, fax, or in person to:**

* Hours – Monday – Friday 8:30am – 5:30pm
* Picture ID Required
* Allow three Business days to process request
* All incomplete Requests will be Returned

Australian Careers Business College

28 Memorial Avenue

LIVERPOOL NSW 2170

Phone: 02 98240000 Fax:02 98241730

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Date of Birth:** |  |
| **Phone Number:** |  |
| **Course Enrolled in:** |  |
| **Date Enrolled:** |  |
| **Campus:** |  |
| **Description of Records Requested:** |  |
| **Are copies requested** | **Yes**  🞏  **No** 🞏 |

* I will pick up my transcript/records (72 hour processing time)
* I need my transcript mailed to: ( Name and Address for mailing)

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* Please release records to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ID Required)

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Completed by ACBC staff member: Name­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_