

Records Access 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 their trainer.

Please note, there is no cost to view records.

Return form via mail, email, or in person to:

RTO Name: Inspiring Training Academy Pty Ltd
Address: 91A Boronia Road, Boronia, VIC 3155
Phone: 03) 97201272
Email: info@inspiringbeauty.com.au

| | | | |
|--|--|--------------------|--|
| Student Name: | | | |
| Date of birth: | | Student No: | |
| Phone number: | | | |
| Course enrolled: | | | |
| Date enrolled: | | | |
| Description of Records Requested: | | | |

- I will pick up my transcript/records (72 hour processing time)
- I need my transcript emailed to: (please provide current email address below)

- Please release records to: _____ (ID REQUIRED)

Print name: _____

Signature: _____

| |
|---------------------------|
| Office use only: |
| Date of completion: _____ |
| Completed by: _____ |
| Signature: _____ |