



## Request for Access to Student Records Form

### Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:  
 Mars Institute – 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259  
 Email: info@mars.edu.au | Website: www.mars.edu.au

### Personal Details

Name: _____	Date of Birth: _____
Student ID: _____	Course: _____
Telephone / Mobile: _____	Email Address: _____
Document Requested: _____	
Reason: _____	
_____	
_____	
_____	

#### Acknowledgement

I understand that my application for access to my personal file is controlled by Mars Institute's Privacy Policy.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

### Office Use Only

#### Authorisation for Processing

**Action to be taken:**     Approved     Denied    **Access Date:** \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Staff Name :** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_