



Request for Access to Student Records Form

Instructions for use of this form

- 1) This form is to be completed by the student requesting access to their personal records.
- 2) It must be completed, signed and original forwarded to the Reception Area.
- 3) For assistance with this form contact Mars Institute at +61 3 9645 2259 or email request@mars.edu.au
- 4) Information will be provided in 7 working days.

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 Privacy Policy.
Print Name: _____ Signature: _____

Authorisation	
Authorisation for Processing	
Action to be taken <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Access Date: _____
Comments:	
Print Name: _____	Position: _____
Signature: _____	Date Processed: _____