



RTO 46034 CRICOS 04152G

AUTHORISATION FORM REQUEST FOR ACCESS TO CONFIDENTIAL RECORDS

Applicant Name		Date	
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Please describe the nature your association with the RTO (e.g. Student, Trainer, Government Authority, Contractor, Employer etc.)			
Contact Details	Postal Address:		
	Contact number:		
	Email:		

Record(s) to be Accessed	Reason and/or Purpose for Access

Written Consent Provided *(if applicable)*

Yes ☐

No ☐

Date

(Signature)		Date	
Authorisation (Print Name)			
(Position)			