Evolve College

STUDENT RECORDS ACCESS REQUEST FORM

Use this form to ask for access to the personal information and student records Evolve College holds about you, or to ask us to correct them. You can see your course progress and assessment feedback at any time in the EvolveHub; use this form for anything else.

HOW YOUR REQUEST IS HANDLED

- Complete the form and email it to evolve@evolvecollege.com. If you need help, call us on 1300 880 885.
- There is no fee to make a request.
- We will confirm your identity before releasing any records. We may ask to see photo ID.
- We will respond within 30 days. If we cannot give you access to some or all of the records, we will tell you why in writing and explain how you can complain.
- If any information we hold is wrong, out of date or incomplete, tell us below and we will correct it, or tell you in writing why we have not.
- If someone else is making the request for you, attach your signed consent naming that person.
- To order a replacement certificate, Record of Results or Statement of Attainment, see the *Administration and Additional Fee Schedule* (fees apply).

Full details are in our *Privacy Policy and Procedure*. If you are not satisfied with how we handle your request, you can complain under the *Complaints and Appeals Policy and Procedure*, or to the Office of the Australian Information Commissioner at www.oaic.gov.au. Our documents are at www.evolvecollege.com/policies.

STUDENT DETAILS			
Given name/s:		Family name:	
Previous names:		Date of birth:	(dd/mm/yyyy)
Student ID:		Mobile:	
Email:			
Postal address:			
Course(s):	☐ HLT42021 Certificate IV in Massage Therapy ☐ HLT52021 Diploma of Remedial Massage ☐ CHC51015 Diploma of Counselling ☐ Other: _____ Years studied: _____		

REQUEST
I am asking to (tick all that apply): ☐ Access my records ☐ Correct my records
Records I would like (tick all that apply): ☐ Personal and contact details ☐ Enrolment, attendance and progress records ☐ Assessment results and feedback ☐ Complaint or appeal records ☐ VET Student Loan records (HLT52021) ☐ Other (describe below)
Details of the records you want, or of the information you want corrected (and the correct information):
I would like to receive the records: ☐ By email (PDF) ☐ By post to the address above ☐ By viewing them with a staff member (in person or online)
Is someone else making this request for you? ☐ No ☐ Yes (attach your signed consent) Their name: _____

STUDENT DECLARATION	
By signing below, you declare that:	I am the person named above (or am authorised by them, with their signed consent attached), and the information I have provided is correct and complete. I understand Evolve College will confirm my identity before releasing any records.
Signature:	
Date:	

OFFICE USE ONLY	
Date received:	_____ / _____ / _____ Respond by (30 days): _____ / _____ / _____
Identity confirmed:	☐ YES Method: ☐ Photo ID ☐ Video call ☐ Other: _____
Third-party consent checked:	☐ YES ☐ N/A
Outcome:	☐ Access given ☐ Partly given ☐ Refused (written reasons sent) ☐ Correction made ☐ Correction refused (written reasons sent)
Records provided / reason:	
Date response sent:	_____ / _____ / _____
Staff name and signature:	

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Related documents: Privacy Policy and Procedure, Privacy Notice for Data Collection, Student Support Policy and Procedure, Complaints and Appeals Policy and Procedure, Administration and Additional Fee Schedule.