ACCESS TO STUDENT RECORDS FORM

Name of Student:	
Name of Course:	
Year of Completion:	
Contact Phone Number:	
Contact email address:	
Documents required:	
Name of NRCHI Employee accessing records:	
Approved by:	
Signed:	
Date:	

Photo ID sighted by:		Staff position:
Authorisation Letter received if someone else is collecting	Yes ☐ No ☐ N/A ☐	
Documents collected by:		Signed:
NRCHI Employee Name:		Signed:
Date:		