

ACCESS TO AND CORRECTION OF STUDENT RECORDS



Name of Student:	
Name of Course:	
Year of Enrolment:	
Contact Phone Number:	
Contact email address:	
Request Type: (please tick)	• Access to Student Records
	• Correction of Personal Information/Student Records
	• Access and Correction
	Please describe the records or information requested:

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:		