



UNIVERSITY OF SOUTHERN QUEENSLAND

Request to Access Student File

Please forward completed form to: **Heather Kitzelmann**
 e-mail: Student Access Requests@usq.edu.au
 Phone: 07 4631 1656
 Fax: 07 4631 2937

STUDENT ID NUMBER

<input type="checkbox"/>	Photo ID sighted								

SURNAME

GIVEN NAMES

DATE OF BIRTH

SIGNATURE OF STUDENT

DATE

DETAILS OF REQUEST (Please tick Required Boxes)		Length of time to process request
<input type="checkbox"/>	Official Student File	1 Day
<input type="checkbox"/>	Student Placement (Faculty) File	14 Days (min)
<input type="checkbox"/>	List specific documents (e.g. Statement of Academic Record)	TBA
<input type="checkbox"/>	Require photocopy of documents	
<input type="checkbox"/>	Collect documents in person	
<input type="checkbox"/>	Send documents (please provide details below)	
<input type="checkbox"/>	Documents to be signed by Justice of the Peace (JP) <i>(Only a certified copy of an original document can be signed by a JP)</i>	

Mailing Address	E-mail Address
<input type="text"/>	<input type="text"/>

Viewing of a student file MUST BE carried out under Supervision

Actioned by:

Date:

Comments