



## APPLICATION FOR DISCLOSURE OF CONFIDENTIAL RECORDS

Students who wish to view or receive copies of their confidential files must complete the following form.

Name of student: \_\_\_\_\_

Student I.D. \_\_\_\_\_ Date: \_\_\_\_\_

Details of Records to be released:

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Person to whom the records are to be released (if not yourself):

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF USE:

Actioned by: \_\_\_\_\_  
Name

Signed: \_\_\_\_\_ Date: \_\_\_\_\_