



Access Authorisation Form

Student ID -----

Name: -----

Date: ___/___/___

Course: -----

Course Intake:-----

Section 1

Reason: _____

Section 2

Acknowledgement: I understand that my application for access to my personal file is controlled by AIST's Privacy Policy

Print Name:

Signature:

Authorisation

Action to be taken: APPROVED DENIED

Access Date: ___/___/___

Comments:

Signed:

Position:

Print Name:

Date Processed: