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## STUDENT FILE ACCESS REQUEST FORM

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

Student name: \_\_\_\_\_

Address in Australia: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Reason for file access:**

*Please state why you wish to access your student file.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_

Approved by: \_\_\_\_\_



Australian Academy of Commerce Pty Ltd

Main Campus: Level 5, 579 Harris St, Ultimo NSW 2207

AAC Language Centre: Level 5, 579 Harris St, Ultimo NSW 2207

[info@aac.nsw.edu.au](mailto:info@aac.nsw.edu.au)

+61 2 9163 8903