

Request for Access to Personal Information

Name of Person making the request:

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Date of request:

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Identification of the Personal Information requested

The nature or subject of the information which you think has been recorded:

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Dates (or range of dates) that you think the information may have been recorded:

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The name(s) of the person/people who you think may have recorded the information:

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What corrections, if any, do you anticipate you will wish to have made to the records:

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Your reason for requesting this information: (Under the Privacy Act you are not compelled to give us a reason, but your reason may help us to assist you)

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Your Signature:

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Date:

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Please submit this form to Campus Reception either in person or via email at enquiries@hcct.org.au. Your request will be processed accordingly and if access is granted, you will be provided the information once retrieval of the relevant records have been arranged.