



STUDENT RECORDS REQUEST FORM

I, _____ hereby request that the Sydney Institute of Traditional Chinese Medicine provide access to my personal records to the following identified people:

- myself
- my employer
- other

I require the following information to be provided to the above identified people:

- reissue of certification awarded to me by the Sydney Institute of Traditional Chinese Medicine
- copies of all my assessment results gained during training at the Sydney Institute of Traditional Chinese Medicine
- copies of all my personal information held on file by the Sydney Institute of Traditional Chinese Medicine
- other

I am aware and understand that the Sydney Institute of Traditional Chinese Medicine will require two working days to supply this information.

Signed Date