TAFE VICTORIA

holmesglen

Request for Disclosure of Student Information

The Registrar is the only person within Holmesglen who is authorised to provide student information to government or other agencies.

Under the Victorian Privacy and Data Protection (PDP) Act 2014, Holmesglen can only disclose student personal information for the primary purpose for which it was collected, or for a secondary purpose for which it is reasonably expected. Holmesglen may require student's permission prior to any release of personal information, unless with exemptions under the Victorian PDP Act 2014.

A. Identification of the requesting person

Name of Agency/Organisation/Institution

Name of requesting person

Position/Title of requesting person

Telephone

Email of requesting person

Name of Manager

Manager's Contact Telephone

B. Request for student information

Holmesglen student name

Student date of birth (dd-mm-yy)

Reason for your request (Choose an item)

☐ Confirm student attendance
☐ Confirm student enrolment
☐ In relation to student access of a Government Scheme/benefit
☐ Qualification check
☐ Require student personal contact details
☐ Verification of Transcript/s
☐ Welfare check and to locate the student
☐ Other
Please specify:

Information you require (Choose an item)

☐ Confirm details in the Transcript
☐ Course information (ie. program name, start and end dates)
☐ Location of the student
☐ Student result/s
☐ Student's academic progress
☐ Student's contact details such as mobile phone, email, next of kin
☐ Student attendance - specify a date range:
☐ Other
Please specify:

Please supply a brief background on the Student's current circumstance that we may need to be aware of. In broad terms what is being prevented, detected, investigated, prosecuted or punished?

When do you need the information? (Please provide a date)

How do you want to receive the information?   ☐ Email to:

☐ Fax to:

☐ Post to:

C. Declaration of the requesting person

I declare that the information provided to me will only be used for the purpose(s) for which it is being sought and will be secured against unauthorised disclosure.

Name

Signature

Date signed (dd-mm-yy)

D. Student permission

I give permission for Holmesglen Institute to exchange and disclose information with the above requesting party in relation to my student records subject to the Victorian Privacy and Data Protection (PDP) Act 2014.

Student name

Student email address

Student signature

Date signed (dd-mm-yy)