This form is to be completed to authorise:

1. A Third Party’s access to Student Records held by The Pivot Institute
2. The Pivot Institute’s access to Student Record held by another training provider.

This completed form can be emailed to enquiries@pivot.edu.au / elisa@pivot.edu.au

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| Section 1: Student Details |
| Full Name: |   |
| Date of Birth: |   |
| Current Address: |  |
| Contact Number: |  |
| Course Code & Name required to be verified: |  |
| Month & Year of Completion: |  |
| Copy of certificate attached? |  🞎 Yes 🞎 No |
| Section 2: Third Party Training Provider Details  |
| Training Provider Name: |   |
| Contact Number: |   |
| Contact Email: |   |
| Address: |   |
|  |  |  |
|   | State:  | Postcode:  |
| Section 3: Access Levels |
|  🞎 Full Access  |
| Section 4: Declaration |
| I declare that all the information on this form is true and correct. |
| I understand that this authority in in place until the access request is removed. |
| Student’s Signature: |  |
| Date: |   |
| Office Use Only |
| 🞎 PowerPro 🞎 File 🞎 Xero 🞎 Vettrak |