



Records Management Services

## SRO Access Request Form

Return your signed completed form to Records Management Services, internal mail H86 or fax 9819 5454.

**For permanent staff only**

### Applicant Details

First Name:	<input type="text"/>	Fac/Sch/Dept:	<input type="text"/>
Middle Name:	<input type="text"/>	Campus:	<input type="text"/>
Last Name:	<input type="text"/>	Contact Ph:	<input type="text"/>
User Name:	<input type="text"/>	Email:	<input type="text"/>

### Acknowledgment of Responsibility *(to be read and signed by the applicant)*

I, the undersigned, acknowledge that I have read and understood the Records Management Services Management of Electronic Student Records Policy and Procedure and that I agree to adhere to the policy.

Signed:  Date:  /  /

### Head of Department / Faculty Authorisation *(to be read and signed by applicant's Head of Department/Faculty)*

I, the under signed, as an authorised signatory, affirm that the above staff member requires access to the SRO.

Name Print  Date:  /  /   
Signature

### Form accepted and signed by Records Management Services Consultant

Signed:  Date:  /  /