



PO Box 6064, South Bunbury WA 6230
Telephone: (08) 9791 6611 Fax: (08) 9791 6411
92 King Road,
Bunbury WA 6230
Web: www.ctsconsult.com.au

REQUEST TO ACCESS PERSONAL STUDENT INFORMATION

STUDENT ID: _____ COMPANY: _____

FIRST NAME: _____ SURNAME: _____

POSTAL ADDRESS: _____

PHONE: _____ MOBILE: _____

I WISH TO ACCESS MY PERSONAL INFORMATION WITH REGARD TO:

Signature: _____

Date: _____

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Office Use Only:

Information requested has been provided:

Signature _____

Date: _____