Verification of student records

Request form

Use this form to request verification of an individual’s vocational education and training study from a closed registered training organisation (RTO).

Submitting this request

All requests must contain written consent to allow the VRQA to share the student records with the third party.

Email your completed form and any attachments to: [vrqa@education.vic.gov.au](mailto:vrqa@education.vic.gov.au?subject=Verification%20of%20student%20record)

We aim to process these requests within 5 working days. Sometimes requests take up to 10 working days.

Contact us

If you require further information, please contact us at [vrqa@education.vic.gov.au](mailto:vrqa@education.vic.gov.au?subject=Verification%20of%20student%20record) or on (03) 9637 2806.

Submission checklist

|  |  |  |
| --- | --- | --- |
| Before submitting this form, please ensure that: | |  |
| 1. | * the third party has attached written consent from the individual   or |  |
| * the individual has authorised the VRQA to share their student records with the third party listed  and has signed this request form |  |
| 2. | * a copy of the certificate or statement of attainment is attached. |  |

Privacy disclaimer

So that the VRQA can process your request, you are asked to provide personal information on this form. The VRQA will only use this information for the purpose of processing your request and not for any other purpose. The VRQA is committed to handling all personal information securely in accordance with the *Privacy and Data Protection Act 2014*. To learn more about how the VRQA handles personal information, see our [Privacy statement](https://www2.vrqa.vic.gov.au/vrqa-privacy-statement).

|  |  |  |  |
| --- | --- | --- | --- |
| Third party details | | | |
| Organisation name: |  | | |
| Contact person name: |  | | |
| Phone number: |  | Email: |  |
| Signature: |  | | |
| Date: |  | | |
| Student details | | | |
| Student first name: |  | last name: |  |
| RTO name: |  | | |
| Name of qualification, accredited course or units of competency: |  | | |
| Consent | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select one form of consent: | | | | | |
|  | The third party has attached written consent from the individual. |  |  | I authorise the VRQA to share my student records with the third party listed on this form and have signed below. | |
| Student name:  (must match name on student records) | |  |
| Signature: | |  |
| Date: | |  |