

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Use this form to authorise third parties to access your personal information. Please ensure you complete all fields in this form and submit your completed form to support@aestudy.com.

Submit this form via the email account you used when enrolling to Academy of Entrepreneurs, so we can confirm your authenticity.

SECTION 1: Personal Details

First Name

Surname

Course

Student ID

SECTION 2: Authorised Third Party

First Name

Surname

Email

Phone Number

SECTION 3: Describe The Personal Information You Wish To Grant Access To

I acknowledge that Academy of Entrepreneurs will try and provide requested information within 10 days. If the information will take longer to gather, Academy of Entrepreneurs will let me know an estimated response time.

In certain circumstances, Academy of Entrepreneurs may deny or limit access to personal information. If so, Academy of Entrepreneurs will let me know in writing the reasons for refusing my request.

SECTION 4: Declaration

I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.

Student Signature

Date

www.aestudy.com

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RTO 45013 CRICOS Provider Code: 03545J

