

VERIFICATION of STUDENT RECORDS

Request / Consent Form

OHSA Occupational Health Services Australia Pty Ltd
[ACN: 099 344 822]

REQUEST / CONSENT FORM

OHSA Occupational Health Services Australia uses this form to:

- Obtain consent from students applying for a credit transfer or recognition of current competence against qualifications and/or Statements of Attainment (SOA) obtained through another institution.
- Obtain consent from students to verify or share a copy of their certificates and/or SOAs with the requesting organisation.

By signing this form:

- I give my consent to OHSA to contact the relevant institution, original issuer, or record holder(s) to request confirmation of authorisation for my certificates and/or SOAs.
- I authorise the relevant institution, original issuer or record holder(s) to release to OHSA all records of or relating to my qualification.
- I consent to OHSA sharing a verified copy of my certificates and/or SOAs with the requesting organisation.

Student Details			
Full Name			
Date of Birth			
Email Address			
Signature		Date	

OHSA Occupational Health Services Australia