



Southern Cross University

Corporate Records

Record Request

Request Archive Files from Records

Strictly Confidential

Please complete the form below and submit to the Corporate Records Unit together with the relevant attachments.

Select Record Type

Requested by:

Work Unit:

Contact no.:

Date:

Client details

Box No:

Surname:

First name:

Student Identification Number:

Counsellor | Medical Officer | Equity and Disability Officer's Name:

Counsellor | Medical Officer | Equity and Disability Officer's Email:

Contact no.:

Location where file is to be sent :

Unit Information Guide (UIG)

Unit Name:

Unit Code:

School:

Year of Publication:

***Please attach the Student History Report (SHR).**

☐

Student History Report attached.

SUBMIT