



Participant Record Request Form

I hereby request that Work Savvy Training provides access to my confidential records to the following identified people:

- myself
- my workplace supervisor
- other

And/Or

I require the following information to be provided to the above identified people:

- Reissue of certification awarded to me by Work Savvy Training
- Copies of all my assessment results gained during training at Work Savvy Training
- Copies of all my personal information held on file by Work Savvy Training
- Other

I understand that Work Savvy Training will require one to two working days to supply this information and will not accept any application without sighting photographic identification.

Signed Date