



**Newport Campus**  
 Newport,  
 Manchester  
 Tel: 965-7143  
 965-7811  
 Ext: 65000  
 Fax: 965-7329

**Black River Campus**  
 30 West Street, Black River  
 St. Elizabeth  
 Tel: 965-2718 /9  
 634-2973  
 Ext: 43000  
 Fax: 965-2718

**Derrick Rochester Campus**  
 Junction,  
 St. Elizabeth  
 Tel: 965-8435 /38  
 965-8941  
 Ext: 51000  
 Fax: 965-5925

**Registry**

## ACCESS TO TRAINEE RECORDS

**Please note the following:**

- Files will be viewed in the confines of the custodian's office
- No documents should be removed

**Trainee**       **Staff**

I \_\_\_\_\_ hereby request access to:  
*(Requester's Name & Position)*

my personal /  assessment file    **OR**     personal /  assessment

file for \_\_\_\_\_  
*(Name of File Owner)*

Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Requester)*

### APPROVAL

**Approved**       **Not Approved**

Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(Deputy Manager/ Manager or Director/Principal)*

Reason for **non-approval /approval:** \_\_\_\_\_  
 \_\_\_\_\_

**By means of my signature below, I am acknowledging that I have been granted access as requested.**

Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(Requester)*

Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(Custodian)*