

Student Request Form

1. Your Contact Details

Student Name:	Student ID:
Mobile Phone:	Email Address:
Address:	
Course:	

2. Request for: (Please tick the following)

<input type="checkbox"/> Testamur	<input type="checkbox"/> Change of Agent	<input type="checkbox"/> Release Request
<input type="checkbox"/> Statement of Attainment	<input type="checkbox"/> Record of Results	<input type="checkbox"/> Re-Issue of student ID
<input type="checkbox"/> Academic Progress letter	<input type="checkbox"/> Completion letter	<input type="checkbox"/> Adding another course
<input type="checkbox"/> Letter of Invitation	<input type="checkbox"/> Re-Issue of Certificates and transcript	<input type="checkbox"/> Others; please specify

Student Signature:	
Date:	

Office use only:	
VAT's Representative Signature Date:	ENGAGE. EMPOWER. ELEVATE. EXCEL. RTO NO. 46300 CRICOS NO. 04305F
Fees up-to-date:	<input type="checkbox"/> Yes <input type="checkbox"/> No