

Student Records Request Form

Personal Details													
Student Full Name:		Student ID:											
Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others	Date of Birth:											
Email Id:		Phone no:											
Current Address:													
Course Code and Course Name:													
Service requested TYPE OF REQUEST:													
<p>I would like to request for:</p> <table border="0"> <tr> <td><input type="radio"/> Testamur</td> <td><input type="radio"/> Record of Results</td> </tr> <tr> <td><input type="radio"/> Statement of Attainment</td> <td><input type="radio"/> Completion letter</td> </tr> <tr> <td><input type="radio"/> Letter of Academic Progress</td> <td><input type="radio"/> Re-Issue of Certificates and transcript*</td> </tr> <tr> <td><input type="radio"/> Letter of Tuition Fee Paid</td> <td><input type="radio"/> Others; please specify</td> </tr> <tr> <td><input type="radio"/> Letter of Invitation</td> <td></td> </tr> </table>				<input type="radio"/> Testamur	<input type="radio"/> Record of Results	<input type="radio"/> Statement of Attainment	<input type="radio"/> Completion letter	<input type="radio"/> Letter of Academic Progress	<input type="radio"/> Re-Issue of Certificates and transcript*	<input type="radio"/> Letter of Tuition Fee Paid	<input type="radio"/> Others; please specify	<input type="radio"/> Letter of Invitation	
<input type="radio"/> Testamur	<input type="radio"/> Record of Results												
<input type="radio"/> Statement of Attainment	<input type="radio"/> Completion letter												
<input type="radio"/> Letter of Academic Progress	<input type="radio"/> Re-Issue of Certificates and transcript*												
<input type="radio"/> Letter of Tuition Fee Paid	<input type="radio"/> Others; please specify												
<input type="radio"/> Letter of Invitation													
* The cost for re-issuing the Qualification Certificate/transcript/Statement of Attainment is \$100.													
Note: Production of the certificate will be available for collection within 30 calendar days of receipt of the request form.													
Student Signature:		Date:											
Office Use only													
Received by:													
Academic Department Approval		Sign and date											
Name:													
Application Processed By:		Sign and date											
Name:													
Application Checked By:		Sign and date											

International Institute of Training Pty Ltd



Name:			
Finance Department Approval		Sign and date	
Name:			
Comments:			

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International Institute of Training Pty Ltd t/a International Institute of Training

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