Student Academic Records Request Form





* NOTE: Please allow ten (10) business days for processing

Student ID Number:					
Full Name(s):					
Email Address:			Mobile	e No.:	
Address:	Unit/Flat No.		Street No.	Street No.:	
Street Name 1					
City/Suburb:		State:		Postcode:	
	nished my course icate and Transcript	, showing units of com			
☐ Issue a Stude completion date		Letter - showing star	t date, mode of	f study, course name and expecte	
☐ Issue a Stude	nt Enrolment Holida	y Letter - Study Break	Period to evid	ence a formal break period withir	
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