



Certification Request Form

Name: _____ Student No: _____
Please PRINT student's name EXACTLY as they want it to appear on qualifications etc

Tel: (H) _____ Mobile: _____

Date Requested: _____ Date of Birth: _____

Please note: Qualifications, Certificates, Statement of Academic Records, Record of Results. Statement of Attainments or Letters of Attendance will not be issued if there are course or college fees outstanding

Name of Certificate Documentation		
Course Name i.e. Advanced Diploma of Naturopathy _____		
Please advise of the Term of study in which you are expected to complete your studies _____		
<input type="checkbox"/> Statement of Academic Record		
<input type="checkbox"/> Record of Results		
<input type="checkbox"/> Statement of Attainment		
<input type="checkbox"/> Workshop Letter of Attendance for CPE points		
<input type="checkbox"/> I will collect certificate documentation from the College <i>Please note that proof of identity must be shown upon collection</i>		
<input type="checkbox"/> Please post certificate documentation to address below; please note that your identity will be verified by our staff over the telephone prior to postal delivery		
Postal Address: _____		
Suburb/Town: _____	Postcode: _____	Country: _____
Declaration and Consent		
I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete		
Signature _____	Date _____	