



## 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

<b>Name of Certificate Documentation</b>		
Course Name i.e. Advanced Diploma of Integrative Natural Health _____		
Please advise 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: _____
<b>Declaration and Consent</b>		
I declare that to the best of my knowledge the information supplied in this application and the documentation supporting it are correct and complete		
<b>Signature</b> _____	<b>Date</b> _____	