

**ARCHIVE CERTIFICATE REQUEST FORM
AND/OR
ARCHIVE RESULTS REQUEST FORM**

(Please forward to Student Records office)

Name:.....D.O.B:.....

Student Name At Time of Study if different from above:.....
(Please attach evidence of name change eg. Marriage certificate)

Address:.....

Postcode:.....Telephone:.....

Fees –

- Please complete “Statement of Results” section below if this request is for the issue of a statement of results. If the results are for study completed prior to the year 2000 a fee of \$100 applies.
- Please complete “Archive Certificate” section below if this request is for the issue of a certificate. If the study was completed prior to the year 2000 a fee of \$100 applies.
- If you require both results and a certificate for studies prior to the year 2000 a fee of \$180 applies.
- Cheques are payable to **William Angliss Institute**
Post to:- **P.O. Box 4052, Melbourne 3001**

STATEMENT OF RESULTS

Name of Course/Course Code:.....

Student Number:.....Years course was studied:.....

ARCHIVE CERTIFICATE

Name of Course/Course Code:.....

Student Number:.....Year(s) course was studied:.....

Has this certificate already been issued in the past? YES / NO / UNSURE (please circle)

Please select one of the following options for the return of the documents: **POST** or **COLLECT** (please circle) your preference.

Please sign and date here upon collection of documents:.....

PLEASE NOTE: A SEARCH OF ARCHIVE RECORDS WILL NOT BE INITIATED UNLESS THE RELEVANT FEES HAVE BEEN PAID. PLEASE ALLOW APPROXIMATELY 4 TO 6 WEEKS FOR PROCESSING OF THIS REQUEST. RECORDS WILL ONLY BE RELEASED DIRECTLY TO THE STUDENT DUE TO PRIVACY REGULATIONS.

<p><u>STUDENT RECORDS OFFICE USE ONLY:</u></p> <p>Name & Code of Course completed:.....</p> <p>Certificate No:.....Produced by:..... Date:.....</p> <p>Checked by :..... Date:.....</p> <p>Posted/Collected by:..... Date:.....</p>
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