

DOCUMENTATION REQUEST FORM

www.campbellinstitute.edu.au

	STUDENT DOCUME	NTATI	ON REQUEST FORM
Student Name			
Student ID			
Date Of Birth			
Email Address			
Course Code & Name			
Contact Number			
	Requeste	d Doc	uments
Which document would you like	to request?		
Confirmation of Enrolm	nent Letter		Replacement Testamur/Certificate
Completion Letter			Replacement Statement of Attainment
Interim Transcript			Holiday Letter
Release Letter			Break in Studies/Leave Letter
If other, please specify			
Reason(s) for request:			
How would you like us to provid	le this to you?		
Via Email			Collect from Reception
Student's signature:			Date:
PLEASE ALLOW 5 WORKING DAYS TO COMPLETE YOUR REQUEST			
The document processing fee is A\$150 per document requested OFFICE USE ONLY			
Approved by: Sent/Collected by (Student signature):			
Senty, ollected by (Student si	onature):		Date: