

Higher Education Request for Academic Record Form



A FEE MAY BE APPLICABLE									
PLEASE CONTACT YOUR CUSTOMER SERVICE CENTRE FOR FEE INFORMATION									
Please use <u>BLOCK</u> letters – Please print your name/s in full									
Student Number									
Unique Student Identifier									
Family Name					Given Name				
Preferred First Name									
Date of Birth				Email Address					
Postal Address								Post Code	
Phone Number									
Course Code/Name									
Campus	<input type="checkbox"/> Southbank <input type="checkbox"/> Southport <input type="checkbox"/> Other								

TYPE OF RECORD REQUIRED:

Statement of Attainment	<input type="checkbox"/>	<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT
Official Academic Transcript	<input type="checkbox"/>	<input type="checkbox"/> NEW <input type="checkbox"/> REPRINT
Testamur	<input type="checkbox"/>	<input type="checkbox"/> Replacement
AHEGS Statement	<input type="checkbox"/>	<input type="checkbox"/> Replacement
Method of Issue		
<input type="checkbox"/> Post <input type="checkbox"/> Collect from	(Location)	
<i>* Please leave telephone number above so that you can be contacted once your document has been printed</i>		
Applicant's Signature		Date / /
Please return this to Highered@tafeqld.edu.au		

OFFICE USE ONLY			
Processed by		Date	
Receipt Number (if applicable)			