Certificate Request Form

Student Details

Field	Details
Full Name	
Student ID	
Date of Birth	
Email Address	
Phone Number	
Postal Address	

Course Information

Field	Details
Qualification / Course Name	
Course Code (if known)	
Campus / Delivery Location	
Trainer/Assessor Name	
Completion Date (or expected**)**	

Type of Certificate Requested

Type	Tick
Testamur (Full Qualification)	☐
Record of Results (Transcript)	☐
Statement of Attainment	☐
Replacement Certificate	☐**Reason: _____**

Declaration

Declaration Statement

I declare that the information provided above is true and correct to the best of my knowledge.

I understand that:

- Certificates will only be issued if all fees are paid and all course requirements are met.
- Processing may take up to 14 business days.
- Replacement certificates may incur an administration fee.

Signature _____ Date _____

Office Use Only

Field	Details
Date Received	
Verified by	
Fees Paid (if applicable)	☐Yes ☐No Amount: $_____
Issued by	
Date Certificate Issued	
Notes	

Please handover this form at reception desk of ELAN COLLEGE Suite 2, Level 6, 190 Queen Street, Melbourne VIC 3000 || Phone: +61 433 549 009 || Email: elancollegeaustralia@gmail.com