

Application for Documents

Student ID Code		Family Name	
First Name(s)			
Address			Post Code
Date Of Birth		Daytime Telephone	
Student Signature			Date/...../20

LETTERS	FEE \$
<input type="checkbox"/> Letter to confirm study at SAIBT Reason: <input type="checkbox"/> Bank <input type="checkbox"/> Library <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____	No charge
<input type="checkbox"/> Letter to confirm holidays Specify Period e.g Christmas or semester break _____	No charge
<input type="checkbox"/> Letter to invite visitors (international students only) Approx. date of arrival _____ Family member visiting e.g. father, sister etc. _____	No charge

CERTIFICATE/STATEMENTS	FEE \$
<input type="checkbox"/> Official Transcript of Academic Record* SAIBT issues Transcript of Academic Record free of charge for graduating students only. This is mailed to the current Adelaide address at the end of semester unless another address is notified prior to examinations.	\$10.00 <input type="checkbox"/>
<input type="checkbox"/> Replacement Graduation Certificate* – please allow up to 8 weeks for print Cert / Dip _____	\$60.00 <input type="checkbox"/>
<input type="checkbox"/> Official Attendance Certificate	No charge

COURSE OUTLINE(S)
<input type="checkbox"/> Course outlines are free of charge. If you are requiring it for a course you have studied at SAIBT please provide the year of study. Course Title _____ Course Title _____ Course Title _____ Course Title _____

INSTRUCTIONS FOR COLLECTION/MAILING (allow minimum two working days for requests to be processed)
<input type="checkbox"/> Postal Address (if different from above) _____
<input type="checkbox"/> Emailed as an attachment to email address _____ The attachment will be in Adobe Acrobat '.pdf' format – you will need the free software <i>Adobe Acrobat Reader</i> to view the attachment. *Transcripts and Graduation Certificates cannot be emailed.
<input type="checkbox"/> Collect from SAIBT Reception- Student Services Centre (B4-03) NOTE: Documents will only be held for 10 working days, after this time you will need to re apply.

**OFFICE
 USE
 ONLY**

Payment Details	Total paid \$ _____	Receipt No _____	Date ____/____/20____	Initial _____
Request Processed	Date ____/____/20____	Initial _____		