Sydney International Academy Pty. Ltd t/a Australian Centre of English

Level 2, Hyde Park Plaza Hotel, 38 College Street, Darlinghurst, NSW 2010; PO Box 41 Darlinghurst, NSW 1300

Tel: +61(0)2 8959 2717 Email: admin@ace.nsw.edu.au

www.ace.nsw.edu.au

ABN: 17 121 012 940: CRICOS Provider Code: 02871C



DOCUMENT REQUEST FORM		
Student Number:		
Given Name:		
Family Name:		
Email Address:		
Mobile:		
Address:		
DOCUMENT REQUIRED		
(Please place a tick next to your	selection and reason below)	
☐ Certificate of attainment	☐ Confirmation of enrolment letter	☐ Certificate of Attendance
☐ Reissue student card-\$20	☐ Certificate of Status	□ Other
PLEASE ALLOW UP TO 5 W ALL FEES, INCLUDING TUITI Reason for letter: STUDENT DECLARATION	tage AUD\$25.00 Posted to the addre	F DOCUMENTS AND LETTERS. REQUESTS TO BE PROCESSED.
the terms and conditions and agre	have given above is correct and come to abide by those rules and any subsen withheld I accept that this may c	osequent amendments.
Student Signature:	Date:	
OFFICE USE ONLY		
Academic Manager Checked	☐ Completed ☐ Not Complete	d □□Partial Completed
Academic Manager signature:		Date:
Outstanding Fees Checked:	☐ Yes ☐ No By:	
Amount Paid:	\$	Receipt No:
Student's File Updated:	☐ Yes ☐ No By:	
Prisms Updated:	☐ Yes ☐ No By:	