

AAT



ACU National

Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

Authorisation for Release of Full Academic Transcript

Please note that this form is only to be used to provide a full copy of an academic transcript to a State Registration Board, Education or Health Authority. A separate request should be made for transcripts for any other use via the TR Request for Transcript form.

Section A Personal Details

Student ID

Family Name _____ Daytime or Mobile Number _____

Given Name(s) _____

Course Name _____ Campus _____

Section B Name of State Registration Board, Education or Health Authority

Name _____

Section C Address of State Registration Board, Education or Health Authority

Address _____

Section D Student's Declaration

I hereby authorise Australian Catholic University to provide a full academic transcript to the State Registration Board, Education or Health Authority listed above.

Student Signature _____ Date _____

Lodgement of forms

Lodge forms at the Student Centre located on your campus or post directly to:

Enrolments Section
Australian Catholic University
Locked Bag 4115
Fitzroy MDC VIC 3065

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE FORM IS COMPLETED CORRECTLY AND AUTHORISED WITH YOUR SIGNATURE. FAILURE TO DO SO MAY RESULT IN THIS APPLICATION NOT BEING PROCESSED.