Australian Health and Management Institute

CRICOS Code: 03595K | RTO Provider ID: 70252



Document Request Form

Note:			
 No request will be processed until this form is fully completed. No request will be processed if there is overdue fees. 			
 The request will be processed within 15 working days. 			
	ure on eligibility of request, please ask before	e making payment.	
Section 1 : Personal	Details		
Name		Student ID	
Address			,
Suburb		Post Code	
Email		Mobile	
Current Course			
Section 2: Document Request Details – I am applying for:			
Final Document (Certificate & Record of Results) [please also complete No Dues Form]			
Certificate & Record of Results will be available 28 days after course end date as per CoE No fees			
Interim Transcri	pt \$180	Invitation Letter	\$100
Attendance Lett	er \$50	Enrolment Letter	\$50
Term Break Letter \$50		Leave Letter [Must attach Application for Leave] \$50	
Support Letter \$100		Any other letter	
Release Letter [Must attach Application for Withdrawal] No Fees			
Note: by selecting Release Letter – this request is not automatically guaranteed. You will be advised of the outcome within 15 working days. Section 3: Student Declaration			
I, (Applicant) hereby declare that the information contained in this			
	so understand that there may be associa	ted fees which I agree to pay Date	
Signature		Date	
Section 4: No Dues – TO BE COMPLETED BY AHMI ACCOUNTS TEAM ONLY			
Section 4: No Dues -	TO BE COMPLETED BY AHMI ACCO	JNTS TEAM ONLY	
Department	TO BE COMPLETED BY AHMI ACCOUNTY	JNTS TEAM ONLY No Due	Signature
			Signature
Department	Due – Amount/Date		Signature
Department ACCOUNTS	Due – Amount/Date		Signature
Department ACCOUNTS Section 4 : Office Use	Due – Amount/Date	No Due	Signature
Department ACCOUNTS Section 4 : Office Use Form Received By	Due – Amount/Date	No Due Form Received Date	Signature
Department ACCOUNTS Section 4 : Office Use Form Received By Fees Amount Paid	Due – Amount/Date Only	No Due Form Received Date	Signature
Department ACCOUNTS Section 4 : Office Use Form Received By Fees Amount Paid Comments:	Due – Amount/Date Only ure	No Due Form Received Date Fees Received By & Date	

Australian Health and Management Institute

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