ITHEA Corporation Pty Ltd trading as Institute of Tertiary & Higher Education Australia • T: +61 3 9650 3900 • F: +61 3 9650 3199 • E: info@ithea.edu.au • W: www.ithea.edu.au City campus: Level 11, 168 Lonsdale Street, Melbourne, Victoria, 3000, Australia • CRICOS Provider Code: 02892J • RTO Number: 22037 • ACN: 125 368 569 • ABN: 40 125 368 569



Student Request Form	
First Name:	Last Name:
Address:	Phone:
	Email:
Course Undertaken:	
Student ID#	Date:
Please note that under most circumstances a minimum notice period of 2 working days is required to complete this request.  You will be contacted when document is ready for collection.	
Request for the following:	
Attendance Letter (Reason to be stated below)	Statement of Attainment
Confirmation of Enrolment Letter (Reason to be stated below)	Certificate /Diploma
Approval for Absence/Leave Letter	Completion Letter (Reason to be stated below)
Employment Letter	Health Insurance – AHM
Family Visit Support Letter (Full name/s & Date of Birth of Visitor/s is required)	Access to Student Records
Release/Course Withdrawal Letter (Supporting	g documents, e.g. Letter of Offer is required)
Other Document (Provide details of documer	nt & reason required below)
Reason/s & Further Information:	
Student's Signature:	Date:
Office Use Only:	
Request processed by: Posit	ion: Date://
Letter issued by: Date:/ Copies of letters issued should be placed in student file request and attached to this form.	/ Copy attached: □ Yes □ No or a file note should be recorded to document the