



Impact Training Services – ASQA Registered Training Organisation

Request for Replacement Certificate and / or Transcript - AD29

This form is to be completed whenever a request for a replacement certificate/academic transcripts made.

Print one form for each certificate/testamur you require and complete. Return to Impact Training Services with your payment (*fill in the payment option on one page only if you require several certificates*).

a.) Please tick the document you require; Certificate only Transcript only Certificate and Transcript

b.) Reason for replacement (Please tick): Lost Stolen Damaged Name change

c.) Your request will not be processed unless you complete and return this form with:

- 1) If damaged, you must **return** the damaged original certificate / academic transcript along with this request (this must be surrendered and destroyed before we can issue the replacement);
- 2) If certificate/academic transcript is lost or stolen a **statutory declaration** outlining the circumstances and reason for the replacement;
- 3) If a name change is required on the certificate/academic transcript a **Certified copy** of the following documents are required, i.e. a Change of Name Certificate from the Registry of Births, Deaths & Marriages (change of name) or a Marriage Certificate (change from birth to married name) or, a Decree Nisi and/or Birth Certificate (change from married name to birth name);

d.) **Complete the following details; Name of participant:** (*it is important to print these details clearly*)

First name: Surname:

Date of birth: Current mailing address:

..... Suburb..... Postcode:

Tel number (best contact number): Email Address:

Name of course: Student No: (if known)

Date of completed course (month/year) /) Location of course:

e.) **Payment details:** - Please tick payment method. - all prices include GST

If you are paying for your course by Credit Card please add a 3.5% administration fee to the cost otherwise it will be added Mastercard Visa Cash EFTPOS (available at office only)

Cardholder's Name

Card Number _____ Expiry Date: __ __ / __ __

Amount \$ Signature

Certificates will be available within 7 days of Impact Training receiving your payment.

Impact Training – 35 Marshall St, Dapto NSW 2530 - P.O. Box 655 Dapto, NSW 2530

Tel: (02) 42 622 335

Fax: (02) 42 622 364

Email: admin@impact-training.com.au