

Request for Replacement Certificate Form

Complete this form and submit via email to: rtoadmin@atel.com.au or post to: PO Box 603 Wodonga VIC 3689 along with a payment of \$25.00. Refer to the ATEL Student Handbook for details on replacement certificates.

Student details						
Student name:						
Date of birth: Contact pho			t phone number:			
Current postal address:						
Certificate details						
I am requesting a replacement:						
	Qualification – Qualificat	tion name:				
		attainment – Unit/s completed:				
Approximate date of completion:						
Reason for replacement certificate						
	Certificate has been lost	/destroyed				
	Administration error – prabove.	ovide details of the error below	v and return the origi	inal certific	ate to postal address	
Payment for replacement certificate						
Please note: ATEL does not keep credit card details on record. Once this payment has been processed, this form will be destroyed for your privacy and protection. Alternatively, you may call ATEL to make a phone payment: 02 6024 0800						
Name of card holder: Exp: CCV:				CCV:		
Card number:						
Student statement: I declare the information I have provided on this form is true and correct. By signing this form I						
authorise ATEL to process a one off payment for \$25.00 for a replacement certificate.						
Student signature: Date:					Oate:	
Off	fice use only:					
☐ Student details have been verified in system		Payment has been processed				
	Certificate has been proce	essed 	☐ Certificate has b		d – destroy form.	
Ad	ministration Signature:			Date:		