



**NEW SOUTH WALES
INTERNATIONAL ENGLISH COLLEGE**

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ABN: 17 121 012 940 / CRICOS Provider Code: 02871C

Document Request Form

Request Date: ____/____/____

Given Name: _____ Family Name: _____

Student ID: _____ Level & Teacher: _____

Email Address: _____

Contact Number: _____ Student Signature _____

Please return Document Request Form to the Reception or email: reception.nsw@businesscollege.com.au

Request for (Please Tick)

- Offer letter & Invoice
- Confirmation-of-Enrolment (CoE)
- Receipt
- Letter of Release
- OSHC Verification Letter (Bupa)
- Certificate of Attainment
- Certificate of Attendance
- Certificate of Status
- Other (_____)

Reason for document request (Please Specify):

Collected at reception _____ Student Signature _____