



# Certificate & Document Request Authority Form

## Section 1 – Student Details

**I understand that when completing this document that OPIE has 30 days to complete this request.**

Name:		Student ID:	
Course Code & Name:		Date:	

### Type of certificate/authorised letter required:

- Qualification with Transcript
- Statement of Attainment
- Letter of completion

E-mail:		Phone:	
Signature		Date:	

### Please indicate which one of the following options you prefer:

- Self-Pickup from OPIE
- By Post (\$15 for local, \$30 for international)
- Nominating a different person to collect on behalf

### Please enter your contact details

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**If self pick up:** Please pick up at 67 Jeffcott Street, West Melbourne 3003

### If by post:

Postal Address: \_\_\_\_\_

Town/ Suburb: \_\_\_\_\_

State/ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

### If nominating a different person:

Nominee's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Pre Issue Qualification Checklist

For official use only:

Sign

<input type="checkbox"/> Qualification Issue form signed by student	
<input type="checkbox"/> Student name spelling checked	
<input type="checkbox"/> Course start date and finish date checked	
<input type="checkbox"/> Qualification name checked	
<input type="checkbox"/> Course code and CRICOS checked	
<input type="checkbox"/> Name and number of units checked	
<input type="checkbox"/> Student Assessment folder checked	
<input type="checkbox"/> Number of credit transfers checked	
<input type="checkbox"/> Compile results, credit transfers application and qualifications	
<input type="checkbox"/> DOS signature checked	
<input type="checkbox"/> Accounts clearance checked	
<input type="checkbox"/> Signed qualification log-book and register	

Record Officer's Signature: \_\_\_\_\_

Qualification issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Signature: \_\_\_\_\_

Date qualification received: \_\_\_\_/\_\_\_\_/\_\_\_\_