

# STUDENT ID CARD REQUEST FORM

PLEASE FILL THIS FORM IN CAPITAL LETTERS



**OCEANIA POLYTECHNIC  
INSTITUTE OF EDUCATION**

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

## 1. STUDENT INFORMATION

Student Name	<input type="text"/>		
Course Name	<input type="text"/>		
Course Start/End Date	<input type="text"/>	to	<input type="text"/>
Student No.	<input type="text"/>		
Date of Birth	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

## 2. ID DETAILS

☐ PHOTO TAKEN

☐ ID ISSUED TO STUDENT

Date Issued:

Issuing Staff Name

## 3. ACKNOWLEDGEMENT

I acknowledge that it is my responsibility to provide correct and up-to-date information. By signing this document, I confirm that I have received my Student ID and that the information displayed on the Student ID is correct and accurate at the time of issue.

Student Full Name	<input type="text"/>	
Student Signature	<input type="text"/>	Date <input type="text"/>



Oceania Polytechnic Institute of Education Pty Ltd  
Institution Trading Name: Oceania Polytechnic  
RTO No. 6324 | CRICOS No. 01905F  
ABN: 81 075 892 723 | ACN: 075 892 723  
Address: 67 Jeffcott Street, West Melbourne VIC 3003  
Email: [admissions@opie.vic.edu.au](mailto:admissions@opie.vic.edu.au) | Phone: +61 (03) 9602 5555  
[www.opie.vic.edu.au](http://www.opie.vic.edu.au)