



Request for Official Transcript or Record of Studies

TRANSCRIPTS/RECORD OF STUDIES WILL BE SENT WITHIN 5 WORKING DAYS UNLESS OTHERWISE INDICATED

Please fill in all information. Print clearly in upper case letters.
Please use the name which you were known by at the time of last enrolment/graduation.

Full Name: _____ Student Number: _____
Date: _____

Please check the appropriate box/es:

- Official Transcript (contains the AICM seal)
 Student Record of Studies

Course: _____ Last Year Enrolled: _____

Address which Transcript/Record should be sent to: (Transcripts will be sent Express Post)

Street Number and Name: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

Daytime Contact Phone Number: _____

Payment Details:

- \$35 Official Transcript within 5 days = \$
 \$5 per copy for Record of Studies = \$
 \$20 Flat-rate International Express Postage = \$
Total amount to be paid = \$

Payment by: Cash Cheque Direct Debit Credit Card (+ 3% surcharges)

Name of Cardholder: _____ Expiry Date: _____

Credit Card Details: Type: _____ No: _____

Chq Details: Bank/Branch: _____ Chq. No: _____

PLEASE RETURN FORM TO: AICM Administration Office, 114 Victoria Rd, Rozelle, NSW 2039
Or by email to admin@aicm.edu.au