



Release Letter Request Form

Student Name : _____

Date Of Birth : _____ Student ID: _____

Address : _____

_____ Postcode: _____

Contact Phone Number : _____ Mobile : _____

Email Address : _____

Course Code and Name : _____

Course Start Date : _____ Last Class Attended On : _____

Release Effective From : _____

Please specify the reason for leaving International Institute of Training Pty Ltd T/A International Institute of Training:

NOTE:

- Attach any relevant supporting documents to this form.
- Release Letter will be provided at no cost to the student if release is granted.
- Student is advised to contact the Department of Home Affairs (DHA) regarding any visa changes to the student visa.
- Letter of Release will be issued within 10 working days of submitting this form.
- Student is requested to refer to Refund Policy for any relevant refunds.

STUDENT SIGNATURE: _____ **DATE:** _____

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FOR OFFICE USE ONLY:

Application Received By:		
Name :	Sign:	Date :
Accounts Department Approval :		
Name :	Sign:	Date :
Academic Department Approval :		
Name :	Sign:	Date :
Admin Department Approval :		
Name :	Sign:	Date :