


<p>Office Use Only</p> <p>Date Received</p> <p>____/____/____</p> <p>Received by</p> <p>_____</p>	<h1>REQUEST FOR REPLACEMENT TESTAMUR</h1>	
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Use this form to request a **replacement testamur** from Christian Heritage College.

CHC advises that replacement testamurs may contain different wording, and may not bear the same signatures as original certificates.

Damaged original testamurs are to be surrendered to CHC with the submission of this form. For lost testamurs, a signed statutory declaration is to be submitted with this form which states the circumstances of the loss.

Please return the completed form, accompanied by the appropriate documents, to the CHC Reception. The date of request is the date on which this form is received by CHC.

Please allow three weeks for the preparation of the testamur.

### NAME AND CONTACT DETAILS

<p><b>Name:</b></p> <p>Title (Dr/Mr/Mrs/Ms/Miss/etc): .....</p> <p>Family Name: .....</p> <p>Given Names: .....</p> <p>Preferred Given Name: .....</p> <p><b>Student Number:</b> .....</p> <p><b>Course Code:</b> .....</p> <p><b>Course Name:</b> .....</p> <p><b>Method of collection:</b> <input type="checkbox"/> Collect from CHC Reception <input type="checkbox"/> Send to the address above</p> <p><b>Reason for request:</b> <input type="checkbox"/> Testamur damaged - Please submit the damaged testamur with this form  <input type="checkbox"/> Testamur lost - Please submit a signed statutory declaration with this form</p>	<p><b>Address:</b></p> <p>Street: .....</p> <p>Suburb: .....</p> <p>State: ..... Postcode: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Phone: Day <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Mobile <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Email (mandatory): .....</p>
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Signature of Applicant: ..... Date: ..... / ..... / .....

<b>OFFICE USE ONLY</b>	<p>1. STUDENT ADMIN <input type="checkbox"/> Damaged testamur surrendered OR <input type="checkbox"/> Statutory Declaration supplied Initials ..... Date ..... / ..... / .....</p> <p>2. REGISTRAR Initials ..... Date ..... / ..... / .....</p>
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[OFFICE USE ONLY ✕ .....

The fee for the preparation of an official Christian Heritage College Transcript is AUD\$20.00. Payment must be made with this application.

Please accept my cheque/money order for AUD\$ 20.00 made payable to *Christian Heritage College* OR

Please debit my:  Visa  Mastercard - Card Number:

Name as it appears on the card: .....

Signature: ..... Expiry Date:   /