Release Letter Request Form

created: June 16, 2021

version 1



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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 leavi	ing Exceed Ventures T/A Melbourne T	rades College:	
			-
			_
 Student is advised to contact the visa. Letter of Release will be issued w 	ocuments to this form. t no cost to the student if release is gra Department of Home Affairs (DHA) reg within 10 working days of submitting thi Refund Policy for any relevant refunds.	garding any visa changes	to the student
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 Approva	l:	,	
Name:	Sign:	Date:	
Admin Department Approval:	1 -	L	
Name:	Sign:	Date:	
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