



## Release Letter Request Form

Student Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Student ID: HI \_\_\_\_\_

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 St Albans Institute Pty Ltd Trading as Hawk Institute:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:**

<b>Application Received By:</b>		
Name:	Sign:	Date:
<b>Accounts Department Approval:</b>		
Name:	Sign:	Date:
<b>Academic Department Approval:</b>		
Name:	Sign:	Date:
<b>Admin Department Approval:</b>		
Name:	Sign:	Date: