



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 St. Albans Institute Pty Ltd T/A 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:** _____

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: