



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 Victorian Skills College Pty Ltd t/a Victorian Skills College :

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 the 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:

