Print Form

REMEMBER: FILL BEFORE PRINTING

SWINBURNE UNIVERSITY OF TECHNOLOGY

Swinburne University of Technology

Request for Replacement Testamur

Reason for the Request:

◯ Lost or destroyed testamur

Your request will not be processed unless you complete and return this form with: 1) **a statutory declaration** outlining the circumstances of the loss of or damage to the testamur; 2) If damaged, you must **return the damaged testamur** along with this request; 3) **Payment**

◯ Replacement testamur showing name change

Your request will not be processed unless you complete and return this form with: 1) **The original testamur** (this must be surrendered and destroyed before we can issue the replacement); 2) **Certified copy of name change certificate**, ie a Change of Name Certificate from the Registry of Births, Deaths and Marriages (change of name) OR a Marriage Certificate (change from birth to married name) OR, a Decree Nisi and/or Birth Certificate (change from married name to birth name); 3) **A short letter confirming** that you would like a replacement certificate showing the changed name, the address to which you would like it sent and any deadline information (eg needed for a job interview on a specific date); 4) **Payment**

PERSONAL DETAILS

Student ID Number: Date of birth: Date ofApplication:

Title: Family name:

Given names:

Number & Street: Suburb/Town/City:

State: Postcode: Country:

Phone: Daytime/Mobile: Email address:

AWARD DETAILS

Qualification:

Date of Graduation:

FEES/PAYMENT OPTIONS

Payment can be made at the studentHQ (http://studenthq.swinburne.edu.au) at any Swinburne campus. Cheques/Money Orders should be made payable to Swinburne University of Technology and can be posted to studentHQ, Mail No. H7, Swinburne University of Technology, PO Box 218 Hawthorn Vic 3122.

Replacement Cost:

◯ AUD$100 for postage within Australia

◯ AUD$120 for postage outside Australia (AUD$100 for replacement testamur + A$20 postage and handling)

Please indicate how you intend to pay:

◯ **Cheque** payable to Swinburne University of Technology

◯ **Credit card:**

◯ Visa ◯ Mastercard

Credit Card number: Card Type: Expiry date:

Cardholder name:

Signature_____

PRIVACY STATEMENT

Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy.
The Privacy Statement can be viewed at www.swinburne.edu.au/privacy.