

## **REQUEST FOR RELEASE LETTER FORM**

	PE	ERSONAL DETA	AILS			
Given Name:		Family Name: .		_		
Student ID:		Date of Birth:				
Course Code:		Course Name: .				
Principal Course of	Study:					
REASON	I FOR RELEASE *(A I	letter also to be prov	vided by the student with detailed reason)			
LIST THE E	VIDENCE ATTACHE	D YOU ARE PR	ROVIDING FOR THE REASON FOR			
		DECLARATIO	N			
<ul> <li>I confirm the information provided in this form is true and correct.</li> <li>I have read and understood ETEA's policy and procedure in relation to transfer between registered providers.</li> </ul>						
	l understood ETEA's (	Complaints and	Appeals Process.			
Student Signature	:		Date:			
	C	OFFICE USE ON	NLY			
Student Support Of	ficer Signature:		Date:			
		/				
[ ] Approved (pleas [ ] Not approved (p						

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I	Document Name	Request for Release Letter Form		Company name	ETEA	Issued:	March 2025	Ver 5			
ľ	Authorised by QMC		CRICOS 7	# 02925E	RTO # 5089	Review:	24 months				
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## **EDUCATION TRAINING & EMPLOYMENT AUSTRALIA**

## Note:

- a. This form is to be completed by International Students enrolled at ETEA seeking transfer to another registered provider.
- b. Students seeking to transfer to another provider prior to completing six months of their principal course of study must refer to ETEA's Student Transfer (Transfer between Registered Providers Policy and Procedure) and Complaints and Appeals Procedure before filling out this form.
- c. All applications will be assessed on the basis Student Transfer (Transfer between Registered Providers Policy and Procedure)
- d. Documented evidence supporting circumstances/reasons for seeking a release must be included with this application.
- e. A response to your request for a letter of release will be made in writing within two (2) weeks from the date of receipt of this form.

Disclaimer. Once this document is removed from the owner drive or printed this document is no longer controlled.									
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