

Request for Replacement Statement of Scores/ Results Form



Given Name	<input type="text"/>	Family Name	<input type="text"/>		
Address	<input type="text"/>				
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Home Phone	<input type="text"/>	Mobile	<input type="text"/>		

Please Note:

This form must be accompanied by an initial \$30 (incl. GST) search fee. No further fee is applicable if the Test Scores/Results are held at the VETASSESS Office. If the Test Scores/Results are held off-site an additional \$25 fee is payable linked to costs required to access and retrieve the Test Scores/Results from the archive facility.

Please provide the following details:

Candidate ID / Student No : _____

Institute Name or Examination Centre : _____

Name of Test or Examination : _____

Date of Test or Examination : _____

Receipt No. (If known): _____

Payment:

The fee for this application is **\$30.00**. Payment may only be made by bank cheque, money order or credit card. **Make bank cheques and money orders payable to VETASSESS**. Personal cheques or cash will **not** be accepted. We accept Visa, MasterCard or Bankcard. If paying by credit card, please complete details below.

Credit Card Details: Name of Cardholder:

Card No: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Card Validation Code: ____ (The last 3 digits of the number printed on the signature panel).

Amount: **\$30.00** Cardholder Signature:

Please read Privacy Statement and sign below:

PRIVACY: Whenever VETASSESS collects, handles, stores, uses or discloses information about you, it aims to comply with the Privacy Principles that apply to protect your personal information. 'Personal information' means information or an opinion (including information in a database) about an individual whose identity is apparent or can reasonably be ascertained. By signing below, you are providing VETASSESS with an assurance that the test scores/ results are being issued to you as the owner of the test scores/ results.

Applicant's Signature: _____ **Date:** _____

Return this application form and payment to:

Assessment Services or in person to Level 5
VETASSESS 478 Albert Street
GPO Box 2752 EAST MELBOURNE VIC 3002
MELBOURNE VIC 3001 Fax: (03) 9654 3385 Application Number: ____/____

