Office Use Only Date Received _____/_____/_____ Received by _____	# REQUEST FOR REPLACEMENT STUDENT ID CARD	CHC

Use this form to request a **replacement student ID card** from Christian Heritage College.

Please return the completed form to the CHC Reception, or post it to the following address:

Reception, Christian Heritage College
PO Box 2246, Mansfield BC, QLD 4122

The date of request is the date on which this form is received by CHC.

Please allow five working days for the preparation of the student ID card.

NAME AND CONTACT DETAILS

Name:

Title (Dr/Mr/Mrs/Ms/Miss/etc): .....

Family Name: .....

Given Names: .....

Preferred Given Name: .....

Student Number: .....

Course Code: .....

Course Name: .....

Address:

Street: .....

Suburb: .....

State: ..... Postcode: ☐☐☐☐

Phone: Day ☐☐ ☐☐ ☐☐ ☐☐☐☐

Mobile ☐☐☐☐ ☐☐☐ ☐☐☐☐

Method of collection: ☐ Collect from CHC Reception ☐ Send to the address above

Signature: ..... Date: ..... / ..... / .....

OFFICE USE ONLY	1. RECEPTION Initials ..... Date ..... / ..... /	2. STUDENT ADMIN Initials ..... Date ..... / ..... / .....

[*OFFICE USE ONLY* ✂ ----------]

The fee for the preparation of a replacement student ID card is AUD$15.00. Payment must be made with this application.

Please accept my cheque/money order for AUD$ 15.00 made payable to *Christian Heritage College* OR

Please debit my: ☐ Visa ☐ Mastercard - Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name as it appears on the card: .....

Signature: ..... Expiry Date: ☐☐ / ☐☐

Post: PO Box 2246, Mansfield BC, Brisbane 4122
Web: www.chc.edu.au
CRICOS Provider Name: Christian Heritage College
Ph: 07 3347 7900
Fax: 07 3347 7911
CRICOS Provider Number: 01016F