

Request for Duplicate Record of Learning

Applicant Name (Underline Surname)

Student ID

Date of Birth

Address

Contact No.

(Residential/ Mobile/ Pager/ Office*)

Collection

Self collect

Mail to address above

* Please delete accordingly.

Terms & Conditions

1. Request must be accompanied by full payment.
2. Please allow 3 working days for the processing of duplicate record of learning.
3. For delivery by mail, please provide local address.
4. Postal delivery by NZ post is not guaranteed by RCDC.

Programme Details

Programme

Intake

Graduation
Date

Type of Replacement

Duplicate Record of Learning (NZ\$20.00 cash/efpos/cheque; NZ\$20.60 credit card)

Payment Mode

Cash

Cheque

(Cheque Number)

Credit
Card

Credit card number/Credit Card Type(e.g. VISA/Mastercard)

Applicant's Signature/ Date

For Official Use

Date Received

By Student Services: _____

Processed by: _____

Signature : _____

Remarks : _____