



REQUEST FOR REPLACEMENT TESTAMUR

OFFICE USE:
Date received: _____
Received by: _____
Receipt No: _____

*Use this form to request a replacement Christian Heritage College Testamur.
Please allow three weeks for the preparation of the Testamur.*

CHC advises that replacement Testamurs may contain a slight change in wording, and may not bear the same signatures as original certificates.

*Damaged original Testamurs are to be surrendered to the College upon replacement.
For lost Testamurs, a Statutory Declaration is required stating the circumstances of the loss.
Please attach the appropriate documents to this form.*

*Please return the completed form to the CHC Reception.
(NB: The date of request is the date on which this form is received by the College).*

PLEASE PRINT CLEARLY

Graduate name: _____ Student ID number: _____

Testamur requested: _____ Year graduated: _____

Method of collection: *Please indicate* Collect from CHC Reception

Send to the address below

Address: _____

Postcode: _____

Telephone: (Day) _____ (Evening) _____

Mobile: _____ Email: _____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY	<input type="checkbox"/> Damaged Testamur surrendered	OR	<input type="checkbox"/> Statutory Declaration supplied
1. REGISTRAR: Date ____/____/____ Initials _____	2. PROMOTIONS: Date ____/____/____ Initials _____		

[OFFICE USE ONLY ✕ _____]

***The fee for the preparation of a replacement Testamur is AUD\$20.00.
Payment must be made with this application.***

Please accept my cheque/money order for AUD\$20.00 made payable to *Christian Heritage College* or debit my:

Bankcard Visa Mastercard

Card Number: _____

Name as it appears on the card: _____

Signature: _____ Expiry Date: ____ / ____
MM YY