

Technical Education Development Institute (TEDI)
PROVIDER NUMBER: 22300 CRICOS NUMBER: 03221G
Level 1, 212 King Street, Melbourne, Victoria – 3000

Ph: 03 9043 3926, Fax: 03 8678 0671

www.tedi.vic.edu.au

F.11V03 Release Letter Request Form

Student Name :		
Date Of Birth :	Student ID: TEDI	
Address :		
	_	tcode :
	Mobile :	
Email Address :		
Course Name :		
Course Start Date :	Last Class Attende	ed On:
Release Effective From :		
Please specify the reason for I	eaving Technical Education	Development Institute :
NOTE: • Attach any relevant supporting of the student is granted, the Release of the Student is advised to contact the student is requested to refer to student is r	se Letter will be provided at no ct DIBP regarding any visa char within 10 working days of subm Refund Policy for any relevant	nges to the student visa. nitting this form. refunds.
FOR OFFICE USE ONLY:		
FOR OFFICE USE ONLY:		
Application Received By:		
Name:	Sign:	Date:
Finance Department Approva	l:	
Name:	Sign:	Date:
Academic Department Approv		
Name:	Sign:	Date:
Admin Department Approval :		
Name:	Sign:	Date: