



STUDENT ID REQUEST FORM

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: info@ashmark.edu.au <http://www.ashmark.edu.au>

File Ref. No: ____/____/____

Personal details

FAMILY NAME: _____

GIVEN NAME: _____

GENDER: Male: Female:

DATE OF BIRTH: ____/____/____

CONTACT NO: _____

STUDENT ID NO: _____ GROUP: _____ EMAIL: _____

AUSTRALIAN ADDRESS: _____

POST CODE: _____

OVERSEAS ADDRESS: _____

COUNTRY _____ POST CODE: _____

** If you change your address during the period of your study, please contact us to ensure your address details are updated for future correspondence.*

COURSE: (please tick ✓)

Certificate III in Automotive Mechanical Technology Certificate III in ESL (Further Study) Diploma of Management

COURSE START DATE: _____

COURSE END DATE: _____

Student's Signature: _____

Date: _____

FOR OFFICE USE ONLY

ID PROCESSED:

STUDENT RECEIVED ID:

STAFF SIGNATURE: _____

STUDENT SIGNATURE: _____

DATE: _____

DATE: _____