

## Release Letter Request Form

Student Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Student ID: \_\_\_\_\_

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Phone Number : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email Address : \_\_\_\_\_

Course Code and Name : \_\_\_\_\_

Course Start Date : \_\_\_\_\_ Last Class Attended On : \_\_\_\_\_

Release Effective From : \_\_\_\_\_

**Please specify the reason for leaving Epicure Skills Training Pty Ltd T/A Epicure Skills Training:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

- Attach any relevant supporting documents to this form.
- Release Letter will be provided at no cost to the student if release is granted.
- Letter of Release will be issued within 10 working days of submitting this form.
- Student is requested to refer to Refund Policy for any relevant refunds.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

<b>Application Received By:</b>		
Name :	Sign:	Date :
<b>Accounts Department Approval :</b>		
Name :	Sign:	Date :
<b>Academic Department Approval :</b>		
Name :	Sign:	Date :
<b>Admin Department Approval :</b>		
Name :	Sign:	Date :

**Epicure Skills Training Pty Ltd / Epicure Skills Training**

ABN: 22 641 838 664 | RTO CODE: 45838 | CRICOS CODE: 04142J

Release letter Request Form | Version 2.1

T- 0425 315 150 | E- [info@epicure.edu.au](mailto:info@epicure.edu.au) | W- epicure.edu.au

Address: Suite 1.02, Level 1, 175 Liverpool St Sydney NSW 2000

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