

REQUEST FOR ACADEMIC TRANSCRIPT

1. Instruction

Use this form to request an official OFM Transcript of your studies.

> **This form must be completed in full and returned by mail or in person to the OFM Student Administration Office.**

This form CANNOT be emailed.

O'Halloran Fire & Medical Pty Limited
Student Administration Office
P.O. Box 303
Horsley Park 2175 Australia

Ph: 1300 72 1444

2. Your Details

Have you graduated: Yes No Student Number: _____

Year/s of study: _____ e.g. Jan23–Jun23

Name: _____
First Name Middle Name/s Family Name

Date of Birth: _____ Telephone number: _____ Email: _____
(dd / mm / yyyy)

Name when studying: _____
First Name Middle Name/s Family Name

Course/s studied: _____

Please deliver by: Registered Post Express Post (Additional AUD\$18)

To: Name: _____

Address: _____

City: _____ State: _____ Post Code: _____ Country: _____

3. Payment Details

The fee is AUD\$35.00 per transcript for current students and AUD\$55.00 for those not currently enrolled.



Number of transcripts required: _____ Transcript cost \$ _____
Postage cost \$ _____
Total cost \$ _____

Student Signature: _____ Date: ___ / ___ / _____

I will pay by:

Cheque/Money Order *(please make cheques/money orders payable to O'Halloran Fire & Medical Pty Limited)*

Attending the Student Administration Office to pay in person - Credit Card or Cash Only

Credit Card  

* Credit card information will be shredded once authorisation is complete. Please contact us if you have any concerns.

Card Number*:

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Cardholder's Name: _____ Card Expiry date: ___ / ___

Cardholder's Signature: _____ Security Code: _____

DO NOT EMAIL THIS FORM. Return by mail or in person to the OFM Student Administration Office.