

Student Record Request Form

Personal Details							
Student Full Name:				Student ID:			
Gender:	O Male Others	O Female	0	Date of Birth:			
Email Id:				Phone no:			
Address:							
Course Code and Course Name:							
Service requested							
I would like to request for:							
Office Use only							
Student's fees up-to date	Yes			No			
Received by:							
Application Processed By: Name:				Sign and date			
Application Checked By: Name:				Sign and date			
Academic Department Approval Name:				Sign and date			



ROYAL BUILDING ACADEMY

Finance Department Approval	Sign and date	
Name:		
Comments:		

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