



**WELLPARK**  
College of Natural Therapies

## REQUEST FOR OFFICIAL ACADEMIC RECORDS FORM

STUDENT NAME: ..... STUDENT ID: .....

DATE: ...../...../.....

I have attached a valid photo ID or a photocopy signed by a Justice of the Peace:  YES /  NO

I have attached proof of fee payment:  YES /  NO

Information requested:

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.....

Purpose for request (so we can assist you to obtain the correct records):

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How would you like to receive the documentation (please note that we can only post documents within New Zealand):

.....  
.....  
.....

ADMINISTRATORS NAME: .....

ADMINISTRATORS SIGNATURE: .....

DATE APPROVED: ...../...../.....

DATE DOCUMENTATION SENT: ...../...../.....