

Release Request Form

Student Name: _____ Student ID: _____

Student Address: _____

Mobile Number: _____ Email: _____

Course Code and Name _____

Course Start Date: _____ Last Class Attended On (If have any) _____

Release Effective from Date: _____

Reason for leaving Yarra College Australia

NOTE:

- Ensure all necessary documents are included with this form.
- For any visa-related inquiries, students should reach out directly to the Department of Home Affairs (DHA).
- If approval is granted, the Release Letter will be provided free of charge.
- Students should consult the Refund Policy for details regarding any possible refunds.
- The Release Letter will be processed and sent within 7 business days of form submission.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR Yarra College USE ONLY:

Application Received By:		
Name:	Sign:	Date:
Training Department Approval:		
Name:	Sign:	Date:
Release Decision		
Granted <input type="checkbox"/>	Not Granted: <input type="checkbox"/>	
Release Decision Made by: Name & Position		
Sign:	Date:	