

ACADEMIC VERIFICATION REQUEST FORM



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Complete this form to request verification of a Victoria University Graduate's qualification. **Please allow 5 working days from receipt of all required information for the request to be processed. PLEASE NOTE** Credit card payment is the preferred option for 5 working day completion. **American Express** or **Diners Club** cards are not accepted. All payments are to be made in Australian Dollars (AUD).

Please write clearly in CAPITAL LETTERS.

AGENT INFORMATION

NAME OF AGENT REQUESTING INFORMATION

NAME OF COMPANY

CITY

PHONE

COUNTRY

EMAIL ADDRESS WHERE INFORMATION IS TO BE SENT

STUDENT INFORMATION

FAMILY NAME

DATE OF BIRTH

FIRST NAME

OTHER NAMES

VICTORIA UNIVERSITY STUDENT
IDENTIFICATION NUMBER (IF KNOWN)

INSTITUTION ATTENDED
IF PRE 1998

AWARD TO BE VERIFIED (COURSE NAME)

CONFERRAL DATE (IF PROVIDED)

SIGNED CONSENT FORM ATTACHED

**Please ensure signed consent is provided. Requests will not be completed without consent.
Copies of certificates or other documents may be attached to assist the verification process.**

SUBMIT

EMAIL: GOTOVU www.vu.edu.au/gotovu

CONTACT

Enquiries GOTOVU www.vu.edu.au/gotovu
Phone +613 9919 6100

MAIL TO

Assessment & Completions Office
Victoria University, St Albans Campus
PO Box 14428 Melbourne Victoria Australia 8001

PRIVACY INFORMATION *Collection of this information conforms with Victoria University's Privacy Policy.*

PAYMENT An official Tax Invoice / Receipt will be provided with verification

ITEM Please tick item required

Academic Verification (International request)

PRICE (AUD)

\$55 (GST not applicable)

OFFICE USE ONLY

VERIZ

Academic Verification (within Australia)

\$65 (incl. GST)

VERIC

PLEASE COMPLETE THE FOLLOWING PAYMENT DETAILS IF YOU ARE PAYING BY CREDIT CARD

Enter credit card details below and tick appropriate box (PLEASE NOTE that we do not accept American Express or Diners Club cards).

VISA MASTERCARD EXPIRY DATE: ___/___/___ CVV NUMBER: ___

NAME OF CARDHOLDER:

CONTACT NUMBER:

SIGNATURE OF CARDHOLDER:

AMOUNT: AUD\$

CODE (OFFICE USE ONLY):



CREDIT CARD NUMBER: ___ ___ ___ / ___ ___ ___ / ___ ___ ___

**Note: Dispose/shred credit card number details immediately after the transaction has been approved.

WWW.VU.EDU.AU
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