



The Student Centre  
Level 3, Jane Foss Russell Building - G02  
The University of Sydney NSW 2006  
Telephone: 612 8627 8239 Fax: 612 8627 8285  
Email: hecs.office@sydney.edu.au\*

## Request for HECS or Domestic Fee Related Letters or Documents

This form should be used where you have been asked to provide documentation of your enrolment status and/or study load for the purpose of Centrelink or, if you require copies of a previously issued document from the HECS and Domestic Fees Office (Health Sciences students should contact Student Central at Lidcombe campus (telephone 02 9351 9161)); such as, a Commonwealth Assistance Notice (CAN), Student Financial Statement or Pre-enrolment Invoice. **Please note: receipts of payment can be obtained by contacting Revenue Services on (02) 9351 5222.**

### Personal Details

Student Identification Number (SID)

Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Date of Birth           Contact Telephone \_\_\_\_\_  
Day Month Year

Course of study (e.g. Bachelor of Arts) \_\_\_\_\_

### Request Details

#### I require the following HECS or fee related document(s):

(Specify the period for which the document(s) should include)

Year(s) Semester(s)

- |                          |   |       |       |
|--------------------------|---|-------|-------|
| <input type="checkbox"/> | Letter for the purposes of Centrelink confirming my <input type="checkbox"/> enrolment status; and/or <input type="checkbox"/> study load             | _____ | _____ |
| <input type="checkbox"/> | Commonwealth Assistance Notice (CAN)  | _____ | _____ |
| <input type="checkbox"/> | Student Financial Statement   | _____ | _____ |
| <input type="checkbox"/> | Pre-enrolment Invoice   | _____ | _____ |
| <input type="checkbox"/> | Other (If you require any documents other than those listed above, please contact the HECS and Domestic Fees Office prior to submitting your request) | _____ | _____ |

(Please specify) \_\_\_\_\_

### Delivery Details (Please allow 3-5 business days to process from date of receipt)

- I will collect the letter/document from the Student Centre (Level 3, Jane Foss Russell Building - G02)
- I authorise the following person to collect it on my behalf \_\_\_\_\_
- Please post the letter/document to: \_\_\_\_\_  
\_\_\_\_\_
- Please email the letter/document to: \_\_\_\_\_ (PDF Format)

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Office Use Only

Request Processed

Received Stamp Here

Date \_\_\_\_\_ Staff Initial \_\_\_\_\_