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| |  |  | | --- | --- | |  | Replacement testamur application | | | | | | | | | | | | | |
| Return your completed original application by mail form to the Graduations office | | | | | | | | | | | | |
| **Graduations office**: Level 3 Jane Foss Russell Building - G02, The University of Sydney NSW 2006  **Telephone**: 1800 SYD UNI (1800 793 864) | | | | | | | | | | | | |
| Replacement testamur application | | | | | | | | | | | | |
| Make sure you complete the **statutory declaration** on the second page of this form. You should outline what happened to your original testamur in your statutory declaration.  If you are applying from overseas, please make an equivalent sworn statement in your own country.  If you are not familiar with completing a statutory declaration, go to [www.ag.gov.au/statdec](http://www.ag.gov.au/statdec)  If your original testamur is damaged or you require a name change you’ll need to include it with your application. | | | | | | | | | | | | |
| Section A: Personal Details | | | | | | | | | | | | |
| Student ID: | | | | | | Date of birth: | | |  | | | |
| Given name(s): | |  | | | | Family name: | | | |  | | |
| Phone number: | |  | | | | Email: | |  | | | | |
| Title of degree/ diploma/ certificate: | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | |
| Select how you would like to receive your replacement testamur. | | | | | | | | | | | | |
| Mail to above postal address | | | | Collect from Student Centre | | | Collection by nominated proxy from Student Centre | | | | | |
| Sections B and C should be completed if you would like a proxy to collect your testamur. | | | | | | | | | | | | |
| Section B: Student authorisation of proxy  This section must be signed by the graduate. Documents will not be released to proxies without this signed authorisation. | | | | | | | | | | | | |
| I, authorise (proxy name) to collect my replacement testamur from Student Centre. | | | | | | | | | | | | |
| Student signature: | | | |  | | | | | | | **Date:** |  |
| Section C: Proxy details | | | | | | | | | | | | |
| Given name(s): | |  | | | | Family name: | | | |  | | |
| Address: |  | | | | | | | | | | | |
| Contact number: | | |  | | | Email: | |  | | | | |
| Section D: Payment details | | | | | | | | | | | | |
| Payment is required for each replacement testamur requested. This payment can be made online with your credit card. Once we’ve verified your application, you will receive an email with payment instructions and due date. | | | | | | | | | | | | |
| **AU$150.00** (inclusive of GST)  – collection at Student Centre | | | | | **AU$165.00** (inclusive of GST)  – postage within Australia | | | | | | **AU$205.00** (inclusive of GST)  – overseas postage | |
| Privacy statement | | | | | | | | | | | | |
| The University will collect, manage, use and disclose personal information in accordance with relevant legislation. The Information Protection Principles contained in the NSW Privacy and Personal Information Protection Act 1998 governs all matters related to personal information in the University.  The information collected is used solely for the purpose of assisting the University to make an informed decision on your case. | | | | | | | | | | | | |
| ***OFFICE USE ONLY***  Receipt Number: Amount paid:$ Date: Initials: | | | | | | | | | | | | |

**Statutory Declaration**

*OATHS ACT 1900*, NSW, EIGHTH SCHEDULE

I, , do solemnly and sincerely declare that

*[name of declarant]*

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on

*[place] [date]*

*[signature of declarant]*

in the presence of an authorised witness, who states:

I, , a ,

*[name of authorised witness] [qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[\* please cross out any text that does not apply]*

1. \*I saw the face of the person *OR* \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. \*I have known the person for at least 12 months *OR* \*I have confirmed the person’s identity using an identification document and the document I relied on was …………...………………………………….

[*describe identification document relied on]*

*[signature of authorised witness] [date]*