

SYDNEY BUSINESS & DEVELOPMENT INSTITUTE

REQUEST FOR A LETTER OF RELEASE

Student to complete the following sections:

Student Name		Student ID	
Current Address			
Phone Number			
Course			
Course Start Date		Date of Release Requested	
Date of Withdrawal			
Reason(s) for Changing the Course:(Please provide as much details as possible)			
Note : Attach any supporting documents with this form as applicable			
All information provided my me above, plus all supporting documentation is accurate and true			
Student Signature			Date:
FOR OFFICE USE ONLY All details must be answered with regard to acceptable evidence (if applicable), before release letter application can be reviewed.			
Is the release reques	Yes/Approved	☐ No/Reje	cted
Approved by CEO & Signature			Date:
Cancellation Date			
Follow-up, if any			

