REQUEST FOR PROOF OF PREVIOUS PAYMENT OR LIABILITY

1. Personal Details

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Family Name</th>
<th>Given Name</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
<th>Phone (H)</th>
<th>Phone (M)</th>
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2. Type of statement requested (Please tick ☐)

- ☐ HECS Liability Notice
- ☐ Commonwealth Assistance Notice
- ☐ Confirmation of Payment

<table>
<thead>
<tr>
<th>Year/Sem</th>
<th>Year/Sem</th>
<th>Year/Sem</th>
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3. Essential Information

This form is ONLY to be used by students who would like to request:
   a) a copy of HECS Liability Notice – for periods of study prior to 2005
   b) a copy of Commonwealth Assistance Notice (CAN) – for periods of study from 2005 onwards
   c) a Confirmation of payment for periods of study prior to 2003

Note: If you only require a Confirmation of Payment (i.e. a receipt indicating payments made), please visit your Student Centre and request one over the counter.

Cost - $ 20 per request (GST inclusive)

Lodging your request

- In person: Take the completed form and pay the relevant amount at your UTS Student Centre.
- By mail: Student Administration Unit – Fees
  University of Technology Sydney
  PO BOX 123
  Broadway NSW 2007
- By fax: 02 9514 7470

Would you like your notice to be: (please tick ☐)

- ☐ Posted to the above address
- ☐ Available for collection from your Student Centre, please indicate _________________________

4. Credit Card Payment Details

Please debit my credit account using the details as shown below:

Account Name: ____________________________________________ ☐ MasterCard ☐ Visa

Credit Card Number: ____________ ____________ ____________ ____________

Expiry Date: _______ / _______

Signature: ____________________________ Date:_____/_____/______

5. Declaration

I have read all the information on the form and declare that the details provided by me are correct and complete.

Signature:__________________________ Date:_____/_____/______

OFFICE USE ONLY

Processed by: Date: / / 
Sent by: Date: / /