

**APPLICATION FOR REPLACEMENT OF STUDENT IDENTIFICATION CARD**

<b>Student Identification Number</b>		<b>Date of Birth (dd/mm/yy format):</b>	
<b>Surname</b>		<b>Given</b>	
<b>Course</b>			
When did you commence your course?	Course Commenced:	Month _____	Year _____
When do you expect to complete your course?	Course Expected Completion:	Month _____	Year _____

Please tick appropriate box:

**Replacement due to loss, theft or damage Fee: \$35.00**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Payment received by: ..... Date: .....*

**Replacement due to card having expired before course completion (no fee applies, but the expired card must be surrendered.)**

Attached is my expired card.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Expired card received by: ..... Date:.....*

**Note to student:**  
 Lodge this form with the applicable payment to the ACPE Student Service Desk at 10 Parkview Drive, Olympic Park.

Office use only: ID card prepared \_\_\_\_\_