



Verification of Issuance Qualifications, Testamurs Statements, Documentation

Release of Information Approval Certification Verification			
Date:			
Course Code and Title:			
Certificate Number:			
Issued to (name):			
Date issued:			
Information to be issued to (organisation)			
Email:			
Student Signature			
Issuing Organisation ADF			
Please complete the following with either a check (✓) or Y/N			
<input type="checkbox"/>	I confirm that the certificate specified above has been legitimately issued to the certificate holder by our organisation.		
<input type="checkbox"/>	I cannot confirm that the certificate specified above has been legitimately issued to the certificate holder by our organisation.		
Authorising Person:			
Position with Organisation:			
Email:			
Contact Number:			
Signature:		Date:	

Thank you in advance for your assistance in verifying this
Qualification/Statement/Document

Paulette Thacker
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