REQUEST - REPLACEMENT TESTAMUR
DEAKIN UNIVERSITY

SECTION 1: PERSONAL DETAILS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVEN NAMES</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td></td>
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</tbody>
</table>

SECTION 2: POSTAL ADDRESS

<table>
<thead>
<tr>
<th>NO. &amp; STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBURB</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>COUNTRY</td>
</tr>
<tr>
<td>POSTCODE</td>
</tr>
<tr>
<td>TEL (Home)</td>
</tr>
<tr>
<td>EMAIL</td>
</tr>
</tbody>
</table>

SECTION 3: REASON FOR REQUEST

- **TESTAMUR IS DAMAGED**
  If your original testamur is damaged, please return it along with this form.

- **TESTAMUR IS LOST, STOLEN OR DESTROYED**
  If your original testamur has been lost, stolen, or destroyed, you must provide a statutory declaration along with this request form (a statutory declaration is included on page 2 of this form). Note that by signing this application you agree that if your original testamur is located you must return it to Deakin University. You must return it to Deakin University as soon as it is located.

- **NAME HAS CHANGED**
  If you have legally changed your name and wish to have this reflected on your testamur, you must provide a certified copy of the necessary support documentation (eg. Marriage Certificate, Change of Name Certificate etc.), and return your original testamur along with this request form.

SECTION 4: DECLARATION AND AGREEMENT

I declare that the information I have provided to Deakin University in support of this request is true and correct.

<table>
<thead>
<tr>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>NAME (PRINT)</td>
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</table>

Deakin University CRICOS Provider Code: 00113B
**STATUTORY DECLARATION**

Insert name, address and occupation

I,

OF,


DO SOLEMPLY AND SINCERELY DECLARE THAT:

1. THE TESTAMUR FOR THE AWARD WHICH I RECEIVED FROM DEAKIN UNIVERSITY HAS:
   - [ ] NOT BEEN RECEIVED BY ME, OR
   - [ ] BEEN LOST OR STOLEN, OR
   - [ ] BEEN DESTROYED; OR
   - [ ] BEEN PRODUCED IN A NAME THAT I HAVE SINCE CHANGED.

2. IF THE ORIGINAL TESTAMUR IS LOCATED AT A LATER TIME, I AGREE TO RETURN THE REPLACEMENT TESTAMUR TO DEAKIN UNIVERSITY TO DEAKIN UNIVERSITY AS SOON AS LOCATED.

3. I AGREE TO PAY A NON-REFUNDABLE FEE OF $100.00 FOR A POSTAL ADDRESS WITHIN AUSTRALIA AND $125.00 FOR AN OVERSEAS POSTAL ADDRESS. PAYMENT SHOULD BE MADE PAYABLE TO DEAKIN UNIVERSITY FOR THE REPLACEMENT TESTAMUR. PLEASE NOTE TESTAMUR WILL ONLY BE POSTED AFTER RECEIPT OF PAYMENT.

I ACKNOWLEDGE THAT THIS DECLARATION IS TRUE AND CORRECT, AND I MAKE IT WITH THE UNDERSTANDING AND BELIEF THAT A PERSON WHO MAKES A FALSE DECLARATION IS LIABLE TO THE PENALTIES OF PERJURY.

**DECLARED AT**

IN THE COUNTRY OF

IN THE STATE OF

Signature of person making this declaration

(to be signed in front of an authorised witness).

Signature of authorised witness.

BEFORE ME:

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 (Vic) (eg Legal Practitioner, Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist).

**PAYMENT OPTIONS**

- **In person**
  Payment can be made at the University Cashier Office. Cash, EFTPOS, Visa or MasterCard accepted.
  Note receipt number here:

- **Cheque/Money order**
  Make payable to Deakin University and send to:
  Graduations Office
  Deakin University
  Locked Bag 20000
  Geelong VIC 3220 Australia

- **Phone**
  Payment can be made over the phone.
  Visa and MasterCard accepted.
  Geelong: 03 5227 1145
  Burwood: 03 9244 6984
  Warrnambool: 03 5563 3388
  Note receipt number here: