



# San Yu Adventist School

299 Thomson Road, Singapore 307652, Tel: 6256 6840, Fax: 6256 6842  
 Email: [info@syas.edu.sg](mailto:info@syas.edu.sg) Website: [www.syas.edu.sg](http://www.syas.edu.sg)

## DOCUMENT(S) REQUEST FORM

Date of Request (dd/mm/yy)	Student's Full Name (SurName/Family Name , Given Name)	Student ID Number (eg: 201801001)

**Student Status / Academic Level** (Please tick one) *\*Please circle where applicable*

Current: Pri / Sec\* \_\_\_\_\_
  Withdrawn: Pri / Sec\* \_\_\_\_\_ Year \_\_\_\_\_
  Sec 4 Graduate Class of \_\_\_\_\_

**Contact Details**

Contact Number	Email
----------------	-------

**Requestor Details** (if is not requested by student)

Name \_\_\_\_\_

Relationship	NRIC/Passport No
--------------	------------------

Please ✓ (tick) your request	Cost (SGD\$)	No. of copies	Required for:
<input type="checkbox"/> SYAS Student ID Card	10		<input type="checkbox"/> Application for University <input type="checkbox"/> Transferring School <input type="checkbox"/> Immigration/Visa Purposes <input type="checkbox"/> Others (please specify): _____ _____
<input type="checkbox"/> Certified True Copy of Result Slips	5		
<input type="checkbox"/> Certified True Copy of School Award Certification	5		
<input type="checkbox"/> Letter of Certification	5		
<input type="checkbox"/> School Transcript	10		
<input type="checkbox"/> Certified True Copy of Certificate of Graduation (Secondary 4 only)	5		
<input type="checkbox"/> Original GCE O-Level Certificate and/or Result Slip	<b>NIL</b>	<b>N.A.</b>	
<input type="checkbox"/> Others (please specify) :			

**Authorization letter** (if is not collected by student/parent/guardian) *\*Please circle where applicable*

I authorize \*Mr / Mrs / Ms \_\_\_\_\_ (\*NRIC/Passport No: \_\_\_\_\_) to collect on my behalf.  
*Name of Collector (Full Name)* **#Collector is to bring their IC or Passport for verification**

**Requestor's Name and Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Collection Acknowledgement - Please sign only upon collection**

I, \_\_\_\_\_ (\*NRIC/Passport No: \_\_\_\_\_), acknowledge that I have received the requested document(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Official Use Only**

Total Cost: S\$	<input type="checkbox"/> Paid	Receipt Number:
Received by / Date :	Prepared by / Date:	Remarks: