



San Yu Adventist School

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DOCUMENT(S) REQUEST FORM

Date of Request (dd/mm/yy)	Student's Full Name (SurName/Family Name , Given Name)	Student ID Number (eg: 202301001)

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Current: Pri / Sec* _____ Withdrawn: Pri / Sec* _____ Year _____ Sec 4 Graduate Class of _____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 <input checked="" type="checkbox"/> (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	NIL	N.A.	
<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: