ROA

NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

Application for Record of Achievement

PLEASE NOTE: Please complete all sections and fax or post directly to the New Zealand Qualifications Authority accompanied by the $15.00 payment. Please check you are applying for the correct document.

PLEASE USE BLOCK LETTERS

1. Surname (family name)

2. First Names (given names). Enter all names in full

NSN (National Student Number)

Date of Birth

Day Month 19 Year

Tick appropriate box (for statistical purposes only) Female Male

Address

Signed: Date:

Method of Payment

Cheque Visa MasterCard Other

Card Account number Expiry date

Cardholder's Signature Cardholder's Name (please print)

Please complete and return to the Tertiary Records Business Unit, New Zealand Qualifications Authority
PO Box 160, WELLINGTON 6140
Fax 04 463 3107
Phone 04 463 3000

Teaching Institution or NZQA USE ONLY RC $ Date