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| Student Details |
| **TAFE SA ID #:** |        | **Year:** |      |  |
| **Semester:** | [ ] 1 [ ] 2 |
| **Program of Study:**       | **Program Code:**       |
| **Campus:** |       |  |  |
| **Title:** | [ ] Mr [ ] Miss [ ] Ms [ ] Mrs | **Date of Birth:**  |       |  |
| **Given Name(s):** |       | **Family Name:** |       |
| **Address:** |       |
| Photographic Evidence of Proof of Identity and Address |

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| Copy ONE of the following into this space - Driver’s License, Proof of Age, Passport, Secondary School Card **NB: If copying a passport, please attach additional evidence that contains address details i.e. bank statement or similar** |
| TAFE SA Staff Use Only |
| - Staff to sight original proof of ID- Take a photocopy of Identification- Ensure verification is entered into SIS as per QRG | - Email a copy of Identification along with this Verification form to the Program Area |
| Entered As Per Instructions? Yes [ ]  No [ ]  | Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |