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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: |