

**RECORD OF TEACHERS' CANDIDATES' RESULTS (1988 ONWARDS)
REQUEST FORM
(AMEB examinations completed in NSW and ACT only)**

Please complete the details and payment information below.
Record of Teachers' Candidates' Results will incur a fee of \$11.00

TEACHER CONTACT DETAILS

Teacher Name: _____
 Teacher Number: _____ Date of Birth: _____
 Postal Address: _____
 Email: _____
 Phone Daytime: _____ Mobile: _____

RECORD TO BE SENT VIA:

Email or POST

PAYMENT DETAILS

I have enclosed a cheque / money order for \$11.00

OR

I authorise AMEB (NSW) to debit my credit card for \$11.00

(Please Note a Merchant Interchange Fee of 0.4% surcharge applies)

Credit card type (please circle): Mastercard / Visa

Card Number: _____

Expiry Date: ____ / ____

Name on Card: _____

Signature: _____ Date: ____ / ____ / ____

PLEASE RETURN VIA EMAIL OR POST TO THE AMEB (NSW)

Level 6, 117 Clarence Street Sydney NSW 2000 • **Phone:** 02 9367 8456

Email: office@ameb.nsw.edu.au • www.ameb.nsw.edu.au • ABN 94 279 170 975

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