



ARCHIVAL SEARCH REQUEST

(ONLY WITH AUTHORITY OF THE CANDIDATE)

Current Details:

NAME: _____

ADDRESS: _____

PHONE (must be provided): _____

Examination Details:

CANDIDATE'S NAME: _____

(at the time of examination/s)

DATE OF BIRTH: _____

SUBJECT & GRADE: _____

SUBJECT & GRADE: _____

VENUE: _____

(Country or Metropolitan)

YEARS TO SEARCH: _____

(e.g. 1920 to1930)

Items Required:

TRANSCRIPT OF ALL RECORDS FOUND:

DUPLICATE CERTIFICATES OF ALL EXAMS FOUND:

DUPLICATE CERTIFICATES OF SELECTED EXAMS: _____

(List Subjects and Grades required)

Archival Search: \$30.00

Transcript: \$30.00

Grade Certificate: \$30.00

Diploma Certificate: \$30.00

PAYMENT AMOUNT: \$

AMEB will contact you to arrange a card payment by telephone.

SIGNATURE: _____

DATE: _____

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REC	
DATE	
MAILED	