

APPLICATION FOR TRANSCRIPT OF A CERTIFICATE
Transcripts of ACT Year 12 Senior Secondary Certificates

BSSS contact details

Office address: Callam Offices - Level 1, Building B, 50 Easty Street, Phillip ACT 2606

Email: bsssenquiries@act.gov.au

Phone: (02) 620 57181

Mailing address: ACT Education Directorate
C/- Office of the Board of Senior Secondary Studies
GPO Box 158, CANBERRA ACT 2601

Note: NO Transcripts can be posted to the building address; you MUST use the GPO postal address.

Fee: A search fee of \$40.20 for each requested transcript can be paid by:

- EFTPOS (Electronic Funds Transfer at Point of Sale)
- EFT (Electronic Funds Transfer - to Government Bank Account)

Not accepted: Credit Card, Cash, Australia Post Money Order or personal cheques.

Processing time is approximately 5 days. An additional charge of \$15.70 per transcript applies for a 24-hour turn-around on provision of required documents and payment received.

Note: For documents issued prior to 1990, NO 24-hour turn-around is available.

Transcripts are provided only to the person named on the certificate. Applicants applying will need to provide satisfactory proof of identity.

How to apply

In Person	Via email or post
Evidence required- One of the following forms of identification <ul style="list-style-type: none"> • Current passport – showing name, signature and photo ID • Current Driver’s licence – showing name, signature and photo ID • Proof of age card – showing name and photo ID 	Evidence required- Two of the following forms of identification (certified as True copies*) <ul style="list-style-type: none"> • Current passport – showing name, signature and photo ID • Current Driver’s licence – showing name, signature and photo ID • Proof of age card – showing name and photo ID Proof of payment <ul style="list-style-type: none"> • Include electronic funds transfer (EFT) receipt
<p>Note: If an applicant’s name has changed since attending college, a legal document showing the name change must be provided.</p> Evidence required- <ul style="list-style-type: none"> • Marriage Certificate from Office of Births, Deaths and Marriages • Proof of name change 	
Submit completed, signed and dated application form with any required evidence.	
<p>*True copies have been compared with the original document and have the ‘original document and have the original signature, date and information’ of a Justice of the Peace, a respected member of the community (clergy, police, government public servant of 5 years +, doctor, dentist etc.) This person must include his/her full name, occupation, address/phone number, ID number (if applicable) signature and date on the verified copy.</p> <p>Do not send any original documents by post.</p>	

Transcripts will be emailed to the applicant and the original sent via regular mail unless another mail option is indicated. If you wish to collect it in person please make a note & we will inform you when it is ready for collection.

Note:

For transcripts of certificates issued prior to 1977 contact NSW Education Standards Authority Ph: (02) 9367 8111
Year 10 results from 1977 to current please contact the ACT Education Directorate – Ph: (02) 62073627



APPLICATION FOR A TRANSCRIPT OF A CERTIFICATE

The Office of the Board of Senior Secondary Studies (BSSS) is collecting the information on this form to enable the BSSS to supply you with your transcript. This is authorised by the ACT Board of Senior Secondary Studies Act 1997. The BSSS usually discloses this information to the Chief Minister, Treasury & Economic Development Directorate.

Full Name: _____

Previous Names: *(if different at time of receiving original certificate)* _____

Postal Address:	Date of Birth:
Suburb: _____ State: _____ Postcode: _____	Day Phone: _____
Email address: _____	Mobile: _____

Name of Certificate: Year 12, VET	Name of ACT College attended	Year you completed Year 12
_____	College: _____	Year: _____

	Cost	How many copies	Write Cost
Transcript (the cost per each transcript is)	\$ 40.20		\$
24-hour turn-around Transcript service (additional cost)	\$ 15.70	-----	\$
Regular / general post to return Transcript (No Cost)	No Cost	-----	No Cost
Express Post (receive Transcript) - within Australia	\$ 9.60	-----	\$
Registered Post (receive Transcript) - within Australia *	\$ 7.70	-----	\$
Registered Post (receive Transcript) - Overseas	\$ 28.60	-----	\$
*Uncollected 'Original Certificates' are ONLY mailed by Registered Post – payment IS required.	AUS \$ 7.70 O/S \$ 28.60	-----	\$
Total Cost AUD \$			\$

Payment Options: **Electronic Funds Transfer (EFT) your transaction receipt of the deposit MUST accompany this application**

- In Australia: (EFT) to: **BSB: 032-777** - Account Number: **000065** - Reference: **BSSS - and your surname**
- Overseas: Swift Number: WPACAU2S / Account name: ACT Education & Training Directorate / BSB: 032-777 / Account Number: 000065 / Reference: BSSS & your surname (pay AUD \$)
- Bank name: Westpac Bank, 50 London Circuit, Canberra 2600, Australian Capital Territory, AUSTRALIA

EFTPOS (at point of Sale) **OR** **EFT** (Electronic Funds Transfer to Government Bank Account)

I certify that I am the person named on this application for a transcript; I supplied supporting documentation of:
 Drivers Licence Passport Proof of Age Card Marriage Certificate Certificate of Name Change

Signature of Applicant/past student: _____ **Date:** _____

A person/or agent can collect the Transcript from the BSSS office on behalf of the applicant named on the Transcript. Please sign the Authority below and write the person/or agents name collecting your Transcript, they must produce photo ID.

Applicant sign here: (gives authority to the collection by his/her Agent): _____

I nominate this person/agent (write name) to collect my Transcript on my behalf: _____

When collecting - Signature of nominated Agent: _____ Date: _____

Agent Photo ID was sighted by BSSS Staff Agents address on Drivers Licence/Passport: _____

Office Use: Version 28.07.2021 File No: _____ Folio No: _____

EFT EFTPOS Payment Amount: _____ Receipt Type attached here: _____ Processed by: _____

Photo ID sighted by BSSS (if no copy taken) Student Name: _____

Address: _____ Type of ID: _____