



Please use this form to request a copy of your apprenticeship record. In order for TEC to respond quickly, please complete all areas of the form. Then sign and email to Tertiary Education Commission (TEC).

A request for apprenticeship records will only be actioned when sent by the individual (the apprentice) named below.

Full name	First name:	Surname:
Date of birth	Day / Month / Year	
Street address	Number and street: Suburb: Region:	Town: Postcode:
Postal address (if different from above)	Number and street: Suburb: Region:	Town: Postcode:
Phone / Mobile number	Ph:	M:
Email address	E:	
Type of apprenticeship served	Type:	
Name of employer at the time of the apprenticeship	Name:	
Region that the apprenticeship was completed in	Region:	
Attached is a copy of one of these documents as identification	Birth certificate <input type="checkbox"/> Current passport <input type="checkbox"/>	Current drivers licence <input type="checkbox"/> Current NZ 18+ card <input type="checkbox"/>
Please sign and date	Signature:	Date:

Please return to: customerservice@tec.govt.nz

TEC will process this request as soon as possible, and no later than 20 working days from receipt of this request. If you have questions about this form, or need assistance to complete this request form, please contact us on 0800 601 301.