



**Replacement Certificate/Medal/Extract from Register Request Form**

All examinations replacements prior to 2002 will be returned as an Extract from Register on Royal Academy of Dance letterhead instead of an original certificate

***Current Details***

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Request Details***

*Please note that all fields must be filled in or the request will incur a higher fee due to lack of information*

Date of Exam: \_\_\_\_\_

Dance Teacher: \_\_\_\_\_

Level of Exam: \_\_\_\_\_

Location of Exam: \_\_\_\_\_

Examiner Name: \_\_\_\_\_

Name at time of Exam: \_\_\_\_\_

\_\_\_\_\_

I would also like to purchase the following medal:

Level: \_\_\_\_\_

Gold  Silver  Bronze  Class Award  Solo Performance

***Payment Information***

1) Please charge my debit/credit card: \$ \_\_\_\_\_ Visa  MasterCard

My card number is: |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_|

Start date |\_|\_| |\_|\_| Expiry date |\_|\_| |\_|\_| (mm/yy)

Security code |\_|\_|\_|

Cardholder's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2) Attach and make cheques payable to: *Royal Academy of Dance*

**Please return this form to:**

Examinations Department, Royal Academy of Dance  
PO Box 245, Kings Cross NSW 1340, Australia or  
Fax: 02 9360 6677, Email: exams@rad.org.au