

SCHOOL/BUSINESS NAME

Street Name
Suburb State XXXX
Tel: 03 9277 xxxx
Fax: 03 9277 xxxx

(Official letterhead)

Date of Letter

ATNEST certified letter of identification

To Whom It May Concern

This is to confirm that **(Student's/Employee's Name)** **(Date of Birth xx/yy/19zz)** is a current student/employee of **(School/Business)**, and is enrolled in Year 12 in 2007 (school students only).

Staff Member's/
Employer's Signature

Student's/
Employee's Signature

Name (Please print)
Position (Please print)

PHOTO

SCHOOL/
BUSINESS
STAMP