

Council Tax - Student Certificate

Name of College/University attended

Address of College/University

Telephone Number

THIS IS TO CERTIFY THAT THE UNDERNOTED PERSON IS UNDERTAKING, OR ABOUT TO UNDERTAKE, A FULL-TIME COURSE OF EDUCATION WITHIN THE ABOVE NAMED EDUCATIONAL ESTABLISHMENT AND SATISFIES THE REQUIREMENTS LAID DOWN IN THE LOCAL GOVERNMENT FINANCE ACT 1992 (SCHEDULE 1 PARAGRAPH 4).

SESSION

Student I.D. _____

Name and Address: _____

Postcode _____

Date of Birth _____

Course Code & Title _____

Start Date _____

End Date _____

Certified _____ Date _____

NOTE: Any enquiries should be directed to your Council Tax Officer.

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at www.scotborders.gov.uk/CASSPrivacyNotices

If you would like a printed copy you can contact us via telephone on **0300 100 1800**.

When completed, this form should be returned to

**Scottish Borders Council
Customer Advice & Support Service
Council Headquarters
Newtown St. Boswells
Melrose TD6 0SA**

Official Stamp: