

## STUDENT'S CHANGE OF ADDRESS AND PERSONAL DETAILS FORM

This form is to be issued when the student has a change of name, address, emergency contact person or  
Contact numbers

Student Personal Details				
<b>Student No.</b>		<b>USI No.</b>		
<b>DOB</b>		<b>TFN No.</b>		
<b>First Name</b>		<b>Last Name</b>		
<i>Please tick the detail(s) you wish to change and the new information</i>				
<input type="checkbox"/>	<b>Name</b>			
<b>Previous Details</b>	<b>First Name</b>		<b>Last Name</b>	
<b>New Details</b>	<b>First Name</b>		<b>Last Name</b>	
<input type="checkbox"/>	<b>Contact Number</b>			
<b>Previous Contact Number</b>				
<b>New Contact Number</b>				
<input type="checkbox"/>	<b>Local Address</b>			
<b>Previous Address</b>				<b>Post Code</b>
<b>New Address</b>				<b>Post Code</b>
<input type="checkbox"/>	<b>Email Address</b>			
<b>Previous Email</b>				
<b>New Email</b>				
<input type="checkbox"/>	<b>Emergency Contact</b>			
<b>First Name</b>		<b>Last Name</b>		
<b>Relationship</b>		<b>Contact No.</b>		
<b>Address</b>				
<b>Address</b>				
Student Declaration				
I hereby confirm that the information provided by me is true and correct to the best of my knowledge.				
<b>Signature:</b> _____ <b>Date:</b> __/__/__				