

AMENDMENT TO PERSONAL DETAILS

HOW TO USE THIS FORM

Please complete:

SECTIONS 1 AND 2: for any changes to phone number/s or email address

SECTIONS 1 AND 3: for any address change/s

SECTIONS 1 AND 4: for change of name. **NOTE:** An application for a name change **must** have documentary evidence to support the change requested. Acceptable evidence includes original **or certified copies** of a marriage certificate or Drivers Licence.

SECTIONS 1 AND 5: for any changes to your emergency contact details.

SECTION 1: PERSONAL DETAILS

Title Mr. Mrs. Miss. Ms. Dr. Other

ITS STUDENT NUMBER

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Given Name		Middle Name	
Last Name (Surname)		Date of Birth	___/___/____
Name of Course			
Course Code			

Gender Male. Female. Not Stated. Unspecified

SECTION 2: NEW PHONE NUMBER/S OR EMAIL ADDRESS

ONLY COMPLETE IF RELEVANT

Telephone (Home)		Mobile Number	
Email Address			

SECTION 3: NEW ADDRESS/ES

HOME ADDRESS: **ONLY COMPLETE IF RELEVANT**

Building / property name / building name			
Unit Detail		Street No:	
Street Name:		Suburb/Town	
State / territory		Post Code	

AMENDMENT TO PERSONAL DETAILS

POSTAL ADDRESS: **ONLY COMPLETE IF RELEVANT**

Building / property name / building name			
PO BOX:			
Unit Detail		Street No:	
Street Name:		Suburb/Town	
State / territory		Post Code	

SECTION 4: NEW NAME

An application for a name change **must** have documentary evidence to support the change request. Acceptable evidence includes original **or certified copies** of a marriage certificate or drivers licence.

ONLY COMPLETE IF RELEVANT

Legal Given Name	
Legal Family Name	

SECTION 5: NEW EMERGENCY CONTACT DETAILS

Title Mr. Mrs. Miss. Ms. Dr. Other

ONLY COMPLETE IF RELEVANT

Given Name		Relationship to you (Example: Wife, Husband etc...)	
Last Name (Surname)			
Telephone (Home)		Mobile Number	

ADMINISTRATION OFFICE USE FOR CHANGE OF LEGAL NAME ONLY

Two forms of identification are required:

Marriage Certificate Passport (<2 years expired) Birth Certificate Australian Drivers Licence

STAFF SIGNATURE

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