

Change of Address Details

Date: _	Student Number:
Studen	t Name:
Course	:
Please select relevant option(s) and sign and date on reverse side:	
	□ Change of Name (please attach certified copy of certificate/written evidence of name change)
	Previous Name:
	Current Name:
	□ Change of Passport/Visa Number or Type (please present passport to Reception)
	Current Passport Number:
	Current Visa Number:
	Current Visa Type & Subclass (e.g. Student 572):
	□ Change of Postal Address
	New address (including postcode):
	□ Change of Contact Telephone Number(s)
	New home phone number:
	New work phone number:
	New mobile phone number:
	□ Change of Email Address
	New email address:
	□ Change of Emergency Contact
Please nominate the person(s) who should be contacted in case of emergency.	
Name(s):	
Relationship to you:	
Telephone number:	
Student Signature Date	