

LIFETIME INTERNATIONAL TRAINING COLLEGE



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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

| | | | |
|-------------|-----|---------|--|
| Student No. | LT- | USI No. | |
|-------------|-----|---------|--|

| | | | |
|------------|--|--|--|
| First Name | | | |
|------------|--|--|--|

| | | | |
|-----------|--|-----|--|
| Last Name | | DOB | |
|-----------|--|-----|--|

Please tick the detail(s) you wish to change and the new information

Name

| | | | | |
|------------------|------------|--|-----------|--|
| Previous Details | First Name | | Last Name | |
|------------------|------------|--|-----------|--|

| | | | | |
|-------------|------------|--|-----------|--|
| New Details | First Name | | Last Name | |
|-------------|------------|--|-----------|--|

Contact Number

| | |
|-------------------------|--|
| Previous Contact Number | |
|-------------------------|--|

| | |
|--------------------|--|
| New Contact Number | |
|--------------------|--|

Local Address

| | | | |
|------------------|--|-----------|--|
| Previous Address | | | |
| | | Post Code | |

| | | | |
|-------------|--|-----------|--|
| New Address | | | |
| | | Post Code | |

Email Address

| | |
|----------------|--|
| Previous Email | |
|----------------|--|

| | |
|-----------|--|
| New Email | |
|-----------|--|

Emergency Contact

| | | | |
|------------|--|-----------|--|
| First Name | | Last Name | |
|------------|--|-----------|--|

| | | | |
|--------------|--|------------|--|
| Relationship | | Contact No | |
|--------------|--|------------|--|

| | | | |
|---------|--|--|--|
| Address | | | |
| | | | |

Student Declaration

I hereby confirm that the information provided by me is true and correct to the best of my knowledge.

Signature: _____ Date: _____