

## 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.	
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First Name	
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Last Name	DOB	
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Please tick the detail(s) you wish to change and the new information

<input type="checkbox"/>	Name
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Previous Details	First Name		Last Name	
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New Details	First Name		Last Name	
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<input type="checkbox"/>	Contact Number
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Previous Contact Number	
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New Contact Number	
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<input type="checkbox"/>	Local Address
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Previous Address	
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	Post Code	
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New Address	
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	Post Code	
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<input type="checkbox"/>	Email Address
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Previous Email	
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New Email	
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<input type="checkbox"/>	Emergency Contact
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First Name		Last Name	
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Relationship		Contact No	
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Address	
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Address	
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### Student Declaration

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_