

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			
<input type="checkbox"/>	Name		
Previous Details	First Name		Last Name
New Details	First Name		Last Name
<input type="checkbox"/>	Contact Number		
Previous Contact Number			
New Contact Number			
<input type="checkbox"/>	Local Address		
Previous Address			Post Code
New Address			Post Code
<input type="checkbox"/>	Email Address		
Previous Email			
New Email			
<input type="checkbox"/>	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: _____