

Student Change of Details Form

Student Details	
Student Name (as on current records):	Date of Birth: / /
Student ID:	
Current Course:	

I wish to advise a change of:		
<input type="checkbox"/> Name (please provide proof of change of name)	<input type="checkbox"/> Home Address	<input type="checkbox"/> Contact Details
<input type="checkbox"/> Other:		

Please provide new information below

Surname:

First Name:

Middle Name/s:

Home Address:

Phone:

Mobile:

Email:

Signed:

Date:

Please provide new information below

Please return this completed form to Leeds College, at Level 11, 474 Flinders Street, Melbourne VIC 3000 or via email to admin@leeds.edu.au.