

## STUDENT CHANGE OF DETAILS FORM

Name:
Student ID:
Date of Birth: / /
Current Course:

Changes in Emergency Contact Details Please fill the information below:

### New Emergency Contact Details

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Changes in Student Contact Details:

### New Student Address Contact Details

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: (If different from above) \_\_\_\_\_

\_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Student Declaration:

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Please return this completed form to 341 Queen Street, Melbourne CBD, Vic-3000

Email: [admin@raymondcollege.edu.au](mailto:admin@raymondcollege.edu.au)