



CHANGE OF DETAILS FORM

Former Name

Student ID: _____ Family Name: _____ Given names: _____

New Personal Details

Family Name: _____ Given Names: _____

Residential Address: _____

Postal Address: (if same as residential address please write AS ABOVE)

City: _____ Post Code: _____ State: _____

Home: (__) _____ Mobile: _____ Email: _____

New Emergency Contact Details LOCAL

Emergency Contact Details:

Name: _____ Relationship to you: _____

Address: _____ Contact No: _____

New Emergency Contact Details INTERNATIONAL

Emergency Contact Details:

Name: _____ Relationship to you: _____

Address: _____ Contact No: _____

New Medical Details:

Family Doctor details:

Name: _____ Contact No: _____

Address: _____

Signature: _____ Name: _____ Date: / /

Please hand a completed form to American College representative or trainer.