



Change of Details Form

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|--|--|---------------------------|--|
| Student Details: | | | |
| Students ID | | Date: | |
| Student Name | | | |
| Course/s Enrolled in: | | | |
| Passport No: | | | |
| Email Address: | | Contact Number: | |
| Address: | | | |
| State: | | Post Code: | |
| Student's new Details (Please attached supporting documents if required) | | | |
| Current/ Changed to Address: | | | |
| State: | | Post Code: | |
| Email Address: | | | |
| New Phone/Mobile Number: | | | |
| Passport No: | | | |
| Student Name : | | Student Signature: | |
| Emergency contact Details: | | | |
| Name of Person: | | Contact Number: | |
| Relation: | | | |
| Address: | | | |
| State: | | Post Code: | |
| Please return this completed form to the college. If sending by email, please send to info@techie.edu.au | | | |
| Office Use Only: | | | |
| Request received by: | | | |
| Request updated by: | | | |
| TIC's Staff Signature: | | Date: | |