QMS105_02 - PERSONAL DETAILS AMENDMENT FORM

Send the completed & signed form with any supporting documents to AcademicAdmin@chisholm.edu.au

PERSONAL DETAILS

All students must complete this section - Details recorded on Student Management System

Student Number		Date of Birth	
Registered Family Name			
Registered Given Name/s			

CHANGE OF NAME AND/OR GENDER

Must be accompanied by a copy of the Change of Name Registration or Marriage Certificate

New Legal Family Name			
New Legal Given Name/s		Gender	No change

Office Use Only		Staff Member	Date
USI database match confirmed	☐ YES		

CHANGE OF CONTACT DETAILS

New Home Address						
					Postcode	
New Postal Address						
					Postcode	
New Phone	(home)		(work)		(mobile)	
	(fax)		(e-mail)			

CHANGE OF EMERGENCY CONTACT DETAILS

New Emergency Contact		Phone	
Relationship			

Student's Signature:		**Date:**	

CHANGE OF PARENT / GUARDIAN DETAILS (UNDER 18s)

New Parent / Guardian			
Parent / Guardian Email			
Phone No (Mobile)			
Parent / Guardian Signature		**Date:**	

Office Use Only	Staff Member	Date
Ensure all changes have been updated in Student Management System		

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