



CHANGE IN PERSONAL DETAILS FORM

Student Name		Date Of Birth	
Student Number		Date Of Change	

Tick	Please record any changes to your student details below	
<input type="checkbox"/>	Address	
	Suburb:	Postcode:
<input type="checkbox"/>	Phone	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Emergency Contact Name	
<input type="checkbox"/>	Emergency Contact Phone	
<input type="checkbox"/>	Relationship to Student	
<input type="checkbox"/>	Agent Name	
<input type="checkbox"/>	Agent Contact Number	
<input type="checkbox"/>	USI Number	
	<i>If you do not have one or forgot, please go to www.usi.gov.au to find/create one.</i>	
<input type="checkbox"/>	Other Changes	

Student Declaration	
I declare the information I have provide in the form is true and correct	
Student Signature:	Date:





Please return this completed form to Southeast College Campus Or

Email: admin@southeastcollege.edu.au

Office Use Only				
Receiving Officer Details				
Name		Position		
Signature		Date		
Where applicable has the following been actioned?			Date	Signature
Student management system updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
PRISMS updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

