



CHANGE OF CONTACT DETAILS FORM

This form is to be completed by students to update their contact details. Please ensure all sections are completed and submit to Student Services within 7 days of the change.

Section 1 - Student Details

Full Name:

Student ID:

Date of Birth:

Course Name:

Section 2 - Previous Contact Details (Before Change)

What has changed?

☐ Contact No. ☐ Email ☐ Address ☐ Emergency Contact

Previous Address:

Street Number: _____

Street Name: _____

Suburb: _____

Post Code: VIC _____

Previous Phone Number:

Previous Email Address:

Section 3 - New Contact Details

Effective From Date:

New Residential address:

Street Number: _____

Street Name: _____

Suburb: _____

Post Code: VIC _____

New Postal Address:

☐ Same as residential ☐ Different — enter below:

New Phone Number:

New Email Address:

Section 4 - Emergency Contact (If changed)

Name: _____

Relationship: _____

Phone Number: _____

Email: _____





Section 5 - Student Declaration

I declare that the information provided above is true and correct. I understand that it is my responsibility to notify the organisation of any future changes to my contact details.

Signature:

Date:

Section 6: Office Use Only

Received by:

Date Received:

SMS Updated

☐ No

☐ Yes

Updated By:

Date:

PRISMS Updated

☐ Yes

☐ No

Updated By:

Date:

Notes:

