



**AMERICAN
COLLEGE**

CHANGE OF DETAILS FORM

Former Name (if applicable)		
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 <u>LOCAL</u>		
Emergency Contact Details:		
Name: _____		Relationship to you: _____
Address: _____		Contact No: _____
New Emergency Contact Details <u>INTERNATIONAL</u>		
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 Admin Officer or trainer.		

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