



## CHANGE OF DETAILS FORM

<b>Former Name (if applicable)</b>		
Student ID: _____	Family Name: _____	Given names: _____
<b>New Personal Details</b>		
Family Name: _____		Given Names: _____
Residential Address: _____		
Postal Address: (if same as residential address please write AS ABOVE)		
City: _____	Post Code: _____	State: _____
Home: (___) _____	Mobile: _____	Email: _____
<b>New Emergency Contact Details <u>LOCAL</u></b>		
Emergency Contact Details:		
Name: _____ Relationship to you: _____		
Address: _____ Contact No: _____		
<b>New Emergency Contact Details <u>INTERNATIONAL</u></b>		
Emergency Contact Details:		
Name: _____ Relationship to you: _____		
Address: _____ Contact No: _____		
<b>New Medical Details:</b>		
Family Doctor details:		
Name: _____ Contact No: _____		
Address: _____		
Signature: _____ Name: _____ Date:    /    /		
Please hand a completed form to American College Admin Officer or trainer.		

ABN: 91 130 637 320

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