

LIFETIME INTERNATIONAL TRAINING COLLEGE



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STUDENT'S CHANGE OF ADDRESS AND PERSONAL DETAILS FORM

This form is to be issued when the student has a change of name, address, emergency contact person or
Contact numbers

Student Personal Details

Student No.	LT-	USI No.	
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DOB		TFN No.	
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First Name		Last Name	
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Please tick the detail(s) you wish to change and the new information

Name

Previous Details	First Name		Last Name	
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New Details	First Name		Last Name	
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Contact Number

Previous Contact Number	
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New Contact Number	
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Local Address

Previous Address		Post Code	
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		Post Code	
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New Address		Post Code	
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		Post Code	
--	--	-----------	--

Email Address

Previous Email	
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New Email	
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Emergency Contact

First Name		Last Name	
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Relationship		Contact No	
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Address	
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Student Declaration

I hereby confirm that the information provided by me is true and correct to the best of my knowledge.

Signature: _____ Date: _____