

## 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		
		If you do not have one or forgot, please go to <a href="http://www.usi.gov.au">www.usi.gov.au</a> to find/create one.	
<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 your Spring Hill College Campus or Email:**  
[student.support@springhillcollege.edu.au](mailto:student.support@springhillcollege.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		
Learning 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		