



Student Change of Details Form

I am a student at Trinity Institute (Australia) and wish to advise a change of:

<input type="checkbox"/> Name (proof attached)	<input type="checkbox"/> Home address	<input type="checkbox"/> Contact details
<input type="checkbox"/> Other:		

Student Name (as on current records):		Student ID:	
Course:			

Please provide new information:

Student Signature:	
Date:	

Please return this form to our office within 7 days of your details changing.

OFFICE USE ONLY	
Approved By:	
Signature:	
Processed by:	
Signature:	