

Change of Address Form

Student Name: _____

Student Number: _____

Old Address:

Street Name: _____

City: _____ State: _____ Postcode: _____

Phone Number Home: _____ Mobile: _____

E-mail: _____

New Address:

Street Name: _____

City: _____ State: _____ Postcode: _____

Phone Number Home: _____ Mobile: _____

E-mail: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

Address changed on Student Management System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address changed on PRISM	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Changed by: _____