CHANGE OF STUDENT DETAILS FORM

Student Details:

Students Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:		Contact Number:	
Address			

Student's new Details (Please attached supporting documents if required)

Current/ Changed to Address:			
State:		Post Code:	
Email Address:			
New Phone/Mobile Number:			
Student Name and Signature:		Date:	

Please return this completed form to the Institute. If sending by email, please send to: info@vacts.edu.au

Office Use Only			
Request:	☐ Approved	☐ Denied	
VACTS's Staff Signature:		Date:	