

## **Student Change of Details Form**

Stud	ent Change of Details					
	I am a student at London College and wish to advise a change of:					
	☐ Name (please provide proof of change of name)	)	☐ Home Address	☐ Cor	ntact Details	
	Oth	er:	☐ Employer / Workpla	ce		
Stu	dent Name (as on current records):		Date	of Birth:	1 1	
Cur	rent Course:					
Pleas	se provide new information below					
Sur	name:					
First Name:			dle Name/s:			
Hon	ne Address:					
Ph:	Fax:		Mobile:			
Ema	ail:					
Woı	kplace/ Employer (workplace-based courses) if appli	cable	:			
Signed:			Date:			
Orga	nisation Change of Details					
☐ I am an organisation/ client/ employer of a student of London College and wish to advise a change of :						
_						
	Company or Business Name	Ш	Business or Postal Add	ress _	Contact Details	
	Other:		Contact Person			
DI						
	se provide new information below iness Name:					
Contact Person:			ition:			
		POS	illori.			
Bus	iness and/or Postal Address:					
Ph:	Fov		Mobile:			
Ema	Fax:		iviobile.			
Sign			Date:			

Please return this completed form to London College - <a href="mailto:support@london.edu.au">support@london.edu.au</a>