

Student Change of Details Form

Student Change of Details

- ☐ I am a student of Alpha Institute and wish to advise a change of:
- ☐ Name (please provide proof of change of name) ☐ Home Address ☐ Contact Details
- ☐ _____ Other: ☐ Employer / Workplace

Student Name (as on current records): _____ Date of Birth: / /

Current Course: _____

Please provide new information below

Surname: _____

First Name: _____ Middle Name/s: _____

Home Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Workplace/ Employer (workplace-based courses) if applicable: _____

Signed: _____ Date: _____

Organisation Change of Details

- ☐ I am an organisation/ client/ employer of a student of Alpha Institute and wish to advise a change of :
- ☐ Company or Business Name ☐ Business or Postal Address ☐ Contact Details
- ☐ Other: _____ ☐ Contact Person

Please provide new information below

Business Name: _____

Contact Person: _____ Position: _____

Business and/or Postal Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Please return this completed form to Alpha Institute - info@alphainstitute.edu.au