

STUDENT CHANGE OF DETAILS FORM

I am a student at Campbell Institute 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"/>	Others:

Student Name (as on current records):	Date of Birth:
Student ID:	Course:

Please provide new information:

Student Name: _____

Date: _____

Student Signature:

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

OFFICE USE ONLY

Approved by: _____ Signature: _____

Processed by: _____ Signature: _____