

Change of Student Contact Details Form

Australian College of Technical Studies

Student Personal Details

Family Name	
Given Name	
Date of Birth	
Email ID	
Phone Number	

Current Contact Details (Existing Records)

Current Residential Address	
Suburb/City	
State	
Postcode	
Country	
Phone Number	
Email Address	

Updated Contact Details

New Residential Address	
Suburb/ City	

Updated Contact Details

State	
Postcode	
Country	
New phone number	
New email ID	
Effective date of change	

Student Declaration

I confirm that the information provided in this form is true and accurate. I understand that it is my responsibility to notify **ACTS** of any changes to my contact details as soon as possible.

Student Name: _____

Student Signature: _____

Date: ____ / ____ / ____

RTO Internal Review (internal Use Only)

Student identity verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Management System Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trainer Relevant staff Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No

Processed By: _____

Date Completed: ____ / ____ / ____