

CHANGE OF CONTACT DETAILS FORM

Notification of Change of Contact Details

- -Please provide your new details in the space provided.
- -It is mandatory to update the college with any changes to your contact information within seven days of the change.

Confidentiality: To ensure compliance with the Commonwealth Privacy Act, Nexgen Institute of Australia adheres to strict confidentiality protocols. We guarantee that all personal information will remain confidential unless you specify otherwise. Please note that in accordance with NIA's Privacy Policy, information recorded on this form will not be disclosed to any external entities.

Student Details

Student Name:									
Date of Birth:	/	/		Student ID:					
Student Contact Details (Please note, all correspondence will be sent to this address & email)									
Number and Street:									
Suburb/Town:			Tov	wn/City:					
State:		Postal/Zipcode:							
MobileNumber:		Email:							
Emergency Contact Details (Please note that this person will be contacted if we fail to make contact with you)									
Contact Name:									
Number and Street:									
Suburb/Town:			Tow	n/City:					
State:			Post	al/ Zip code:					
Mobile Number:			Ema	il:					
Student's Signature:			Date	:			/	/	
For Office Use Onl	y								
Updated Axcelerate				Updated on PRISMS					
Staff Name:				Staff Name:					