

Change of Address Form

Student Name: _____

Student Number: _____

Old Address:

Street Name: _____

City: _____ Vic: _____

Phone Number Home: _____ Mobile: _____

E-mail: _____

New Address:

Street Name: _____

City: _____ Vic: _____

Phone Number Home: _____ Mobile: _____

E-mail: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

	Approval	
	Yes	No
Number Changed on RTO Management		
Date:		
Changed by: _____		
Approved by: _____		