

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: _____			