

## Change of Personal Details

Surname:	Given name(s):
Student number:	Date of birth:
Course/Program:	

**Change my address**

Home address:	
Suburb:	Postcode:
Postal address:	
Suburb:	Postcode:

**Change my contact details**

Home phone:
Mobile phone:
Email address:

**Change my name** - Original or certified copy of change of name document must be provided

New title:
New surname:
New given name:
New signature:

**Change my emergency contact**

Surname:	Given name(s):
Home phone:	Work phone:
Mobile:	

<b>Signature:</b>	<b>Date:</b> --/--/----
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Please provide a business hours contact phone number as we may need to contact you to verify your request:

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**Return completed form to:**

Mater Education Limited, Duncombe Building, Level 4  
 Raymond Terrace, South Brisbane, QLD 4101  
 Fax: 07 3163 8899  
 Email: MEL@mater.org.au