

CHANGE OF NAME

INSTRUCTIONS

1. Please print CLEARLY using a **BLACK** pen.
2. Complete the 'Personal Details' section using your pre-existing information.
3. Sign and date this form.
4. Return this form and supporting documentation to the Student Centre, The University of New England, NSW, 2351.

CURRENT PERSONAL DETAILS (Must be completed)

Student Number:

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Family name:		Given Name(s):		Title:	
Contact phone:		Mailing Address:			
Date of birth:					
Course name:					
Faculty:					
Email Address:					

NAME CHANGE

Family name	Given name(s)	Title
Date effective from _____		

Documentary evidence of name change must be provided. Photocopies of originals must be certified by a Justice of the Peace as being a true and accurate copy of the original document. (eg certified copy of marriage certificate).

NEW ADDRESS CHANGE (Complete if relevant)

Street name and number					
Suburb		State		Postcode	
Country					
Date effective from _____					

Must be completed

Student's signature: _____ Date: _____



PRIVACY STATEMENT

The University will collect personal information, manage and use it, and disclose it in a way that complies with relevant legislation. The NSW State Information Protection Principles and the National Privacy Principles will underpin all aspects of the University's dealings with personal information. This policy shall apply to the University, its controlled entities and its affiliated bodies.

For further information: <http://www.une.edu.au/rmo/policies/privacystatement.htm>

INTERNAL USE ONLY:

Staff ID: _____ Date Received: _____ Records updated Yes No

Confirmation of change of details sent to student Yes No Date sent: _____

