



Change of Personal Information Form

Student Details:

Student Name:	
Student ID:	Date of Birth:
Address:	
Phone:	Email:
Submission Date:	

Student Declaration:

I, _____, declare that all the documents and information provided are true and genuine.

Student Signature

Date

For office use only:

Received by: _____

Signature: _____ Date: _____

Registered into the Student File: Yes No