**STUDENT CHANGE OF DETAILS FORM**

**Instructions**

Students must complete as much as [**Table A**](#TableA) to assist with the identification process with Eightfold Institute of Australia. Mandatory items are indicated with an asterix. If any of these fields are left blank, your form cannot be processed. Evidence of identification is required to be able to process your requested change(s). If adequate identification cannot be made, Eightfold Institute will be unable to amend your record.

Students are to select and complete sections of [**Table B**](#TableB) as appropriate. The completed and signed form is then to be emailed through to info@eightfold.edu.au

It is essential that Eightfold Institute establishes your identity to uphold your privacy. The information collected during this process is confidential and is not forwarded to any other party with the sole exception of the national statistical database (or their State/Commonwealth representative).

The following items will be considered sufficient to establish your identity. Eightfold Institute will require either one (1) form of identification from Column A; or two (2) from Column B (unless other stipulations apply).

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| **Identification options – you will need to supply either:** |
| **One (1) of the following** | * Drivers licence
* Birth certificate
* Passport
 |
| **OR** |
| **Two (2) of the following** | * Medicare card
* Concession card
* 18+ card
* Copy of written correspondence to student including their current residential address and student name
* Marriage Certificate
* Copy of a leasing agreement with student particulars (name and address)
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| **Student declaration** | I have read and understood the before mentioned ‘instructions’ and confirm that the information that I have provided is true and correct. |
| **Student signature or student identification number** | Signature | Student identification number |
|  | Click here to enter text. |
| **Date** | Click here to enter text. |

**Table A – must be completed**

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| **\* Mandatory fields. If left blank, your request will be returned to you for amendment.** |
| **First name \*** | Click here to enter text. |
| **Surname \*** | Click here to enter text. |
| **Date of birth \*** | Click here to enter text. |
| **Residential address \*** | Click here to enter text. |
| **Postal address** (if different from above) | Click here to enter text. |
| **One (1) contact number \*** | (home) | (work) | (mobile) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Student number** | Click here to enter text. |

**Table B – indicate and complete rows where appropriate**

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| **\*\* Only can be changed where data entry errors have been made.** |
| **First name** | Click here to enter text. |
| **Surname** | Click here to enter text. |
| **Date of birth\*\*** | Click here to enter text. |
| **Residential address** | Click here to enter text. |
| **Postal address** (if different from above) | Click here to enter text. |
| **Contact number** | (home) | (work) | (mobile) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Student number** | Click here to enter text. |