

# Change of Personal Details

## PRINT YOUR LEGAL NAME

Surname: \_\_\_\_\_ Student ID: \_\_\_\_\_  
First Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Delivery Site: \_\_\_\_\_

Please make the following changes to my personal information held in the Take 2 Student Database System

Title: Ms/ Miss/ Mrs/ Mr/ Other: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Change of Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

(Documentation confirming any change of name must be attached)

- |                    |                          |                      |   |
|--------------------|--------------------------|----------------------|---|
| Change of name by: | <input type="checkbox"/> | Marriage Certificate | (Verified copy of your Marriage Certificate)  |
|                    | <input type="checkbox"/> | Declaration          | (Verified copy of your Statutory Declaration) |
|                    | <input type="checkbox"/> | Deed Poll            | (Verified copy of your Deed Poll)             |
|                    | <input type="checkbox"/> | Maiden Name          | (Verified copy of your Birth Certificate)     |

## Change of Contact Person in Case of Emergency

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Disability/Medical Conditions: \_\_\_\_\_

*Please state any other information that needs to be added to our records*  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Entered by: Delivery Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by Student Registry Officer: \_\_\_\_\_ Date: \_\_\_\_\_