



Student Change of Details Form

<input type="checkbox"/> I am a student of Cornell Institute of Training and wish to advise a change of:		
<input type="checkbox"/> Name (please provide proof of change of name)	<input type="checkbox"/> Home Address	<input type="checkbox"/> Contact Details
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Employer / Workplace	
Student Name (as on current records):	Date of Birth: / /	
Current Course:		

Please provide new information below

Surname:			
First Name:		Middle Name:	
Home Address:			
Ph:		Mobile:	
Email:			
Workplace/ Employer (workplace-based courses):			
Signed:			Date:

Organisation Change of Details

<input type="checkbox"/> I am an organisation/ client/ employer of a student of Cornell Institute of Training and wish to advise a change of:		
<input type="checkbox"/> Company or Business Name	<input type="checkbox"/> Business or Postal Address	<input type="checkbox"/> Contact Details
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Contact Person	

Please provide new information below

Business Name:			
Contact Person:		Position:	
Business and/or Postal Address:			
Ph:		Mobile:	
Email:			
Signed:			Date:

For office Use

Record Updated By:	Date :
Signature:	

Please return this completed form to Cornell Institute of Training
Level 5, 440 Elizabeth Street
Melbourne VIC 3000
Email: info@cornell.vic.edu.au