

CHANGE OF NAME

PLEASE RETURN THE COMPLETED FORM TO THE ACADEMIC OFFICE (LAKE MACQUARIE CAMPUS) OR FACULTY OF NURSING AND HEALTH (SYDNEY CAMPUS)

Student name
FAMILY NAME GIVEN NAME/S

Student ID number

I request that the amendment/s below be made to my record:

Student signature

Date

CHANGE OF TITLE, NAME or MARITAL STATUS

Documentary evidence is required for change of Name/Marital Status, ie Marriage Certificate, Deed Poll or Statutory Declaration.

This change applies to:

New title

New name
FAMILY NAME GIVEN NAME/S

Documentary evidence attached (please tick)

OFFICE USE ONLY

Signature of processor

Date