REQUEST



Submit form by one of the following methods:

I By email to studentadmin@avondale.edu.au from your student email account

		Services (Lake Macquarie Campus) or School of Nursing (Sydney Campus)
PERSONA	L DETAILS	
Title:	Surname:	Given Name(s):
Student ID I	Number:	
I request tha	t the amendment/s below	e made to my record:
Student sign	ature*:	Date:
*Only required	d if submitting in person or by	ost.
Official dod		ARITAL STATUS quired for change of name and/or title, (eg. Marriage Certificate, Deed Poll). Provide the original for sighting by f, if possible, or a copy certified by a Justice of the Peace or Notary.
This change	applies to:	
Title:	Surname:	Given Name(s):
New ti	tle	
Docum	nentary evidence is attache	(please tick)

OFFICE USE ONLY Signature of processor: _ Date: _