

<b>Surname</b>		<b>First Name</b>		<b>Student ID No.</b>	
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Please tick the box or boxes indicating changed information.

**Change of Address as indicated below:**

Permanent Address					
Street					
Suburb					
State		Postcode		Country (if not Australia)	
Semester Address (if different from above)					
Street					
Suburb		State		Postcode	

**Change of Contact Phone Number/s to the number/s indicated below:**

<b>Mobile</b>	<b>Home</b>

**Change of Personal Email Address to:**

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**Student's Signature:**

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**Date**

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This form may be lodged in person at Reception or posted to:

Student Services  
 Australian College of Physical Education  
 Locked Bag 2000 Concord West NSW 2138

Or saved and submitted from the student's ACPE email address directly to [studentservices@acpe.edu.au](mailto:studentservices@acpe.edu.au)

PRIVACY STATEMENT: The information you provide on this form is bound by the ACPE "Privacy of Personal Information Relating to Students" Policy. This information is collected and held by the ACPE for administrative purposes and activities associated with your enrolment. The ACPE will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.

Office Use Only: (Staff to initial to indicate system updated) EMS \_\_\_\_\_ CDO \_\_\_\_\_