

Head Office: Level 4, 127 Liverpool Street, Sydney, NSW 2000

RTO Code: 45475 | CRICOS Provider Number: 03751C

STUDENT CONTACT DETAIL FORM

IMPORTANT INFORMATION:

- It is the student visa requirement to inform the college of your residential address and phone number and of any subsequent changes to those details within 7 days.
- Student information may be provided to DIBP and other state/territory government agencies.

STUDENT DETAIL	_S:			
First Name:		Far	nily Name:	
Student ID:		Dat	e of Birth:	
Mobile:		Em	ail:	
Address:				
Course:		Cou	ırse Start:	
EMERGENCY CO	NTACT DETAIL:			
Name:		Rel	ationship:	
Mobile:		Em	ail:	
Unique Student le	dentifier (USI) Number:			
	st provide USI number)			
	ARATION / CONSENT: I the information I have give	en above is corre	ct and complete.	
Student Signature:				Date:
OFFICE USE ON	ILY			
Record Updated:			Date:	

Document Name: ATI - Student Contact Detail Form V2.0

Updated by:

eased – January 2023

Signature: