



Change of Student Personal Details

Student Ref. No.*

Surname*: First Name*:

Date of Birth*: (*required)

CHANGE OF NAME (PLEASE PRINT)

(Please provide a form of identification when handing in this form, ie birth certificate / passport / legal document showing your new name)

New Surname: New First Name(s):

Date effective from:

CHANGE OF ADDRESS / TELEPHONE / EMAIL (PLEASE PRINT)

First line of previous address:

New address:

Postcode:

Home Telephone No: Mobile no:

Email address: Date effective from:

CHANGE OF NEXT OF KIN DETAILS – IF APPLICABLE (PLEASE PRINT)

In case of illness/emergency we may need to contact a parent/carer, relative, friend or neighbour. Contact must be aged over 18

Is your current NOK aware of changes? YES / NO
Is your new NOK aware that you have nominated them as your NOK? YES / NO

Surname: First Name: Title:

Relationship to Student:

Contact address (if different):

Email address:
(Any relevant information is emailed to parent/carers rather than posted, so please help us by completing this box)

Home Tel No: Work Tel No:

Mobile No:

Vertical text: Contact 1 Parent/Carer/Next of Kin

REASON FOR CHANGE / ANY OTHER INFORMATION

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Signature of Student: Date:

Signature of Parent/Carer (if Student is under 18) **Date:**

Office use only:

For Change of Name inform: Data Management / Exams / Tutor / Library / Study Centre / Student Finance & Travel

Date updated on Unit e (remember to enter 'previous surname' if relevant)