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Change of Contact Details		
(Pleas	se complete the form by fill	ing in the appropriate details)
Student ID:		Date
Student Name:		
New Permanent Addr	ess:	
New Mailing Address	<u>:</u>	
		New Telephone:
New Emergency Con	tact:	
Name:		
Address:		
Telephone No.:		Relationship:
New Next of Kin:		
Name:		
Address:		
Telephone No.:		Relationship:
Any Other Informatio	<u>n:</u>	
Signature:		Date:
Office Use Only Update Student Data Base (if applicable)		
Accounts Updated	PRISMS Updated	Wise-Net Updated
Initial	Initial	Initial