



International College of Auckland

# Change of Details Form

Please complete the details below and return to:

The Administration Manager:  
INTERNATIONAL COLLEGE OF AUCKLAND  
PO Box 15388  
New Lynn  
Auckland 1007

<p><i>Notification of Change of Address</i></p> <p>Country of origin <input type="checkbox"/></p> <p>NZ Accommodation <input type="checkbox"/></p> <p>[Please tick appropriate box]</p>	<p>(Please identify <u>self</u> or name of <u>emergency contact person(s)</u>)</p> <p>Student Name: _____</p> <p>ID _____</p> <p><b>Or</b></p> <p>Emergency contact: _____</p> <p>Change of Address: _____</p> <p>_____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Home Phone: _____</p> <p>Email: _____</p> <p>Address Details: _____</p> <p>_____</p> <p>_____</p>
<p><i>Change of Name Details</i></p> <p>Attach a verified copy of the document to support this change</p>	<p>New Name of Self or Emergency contact: _____</p> <p>Please state self or next of kin</p> <p>_____</p> <p>Signature: _____</p>
<p><i>Office Use Only</i></p>	<p>Agreed Changes</p> <p>Signature: _____</p> <p>Date: _____</p>