

FORM 6.24

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> and name of <u>emergency contact person(s)</u>)</p> <p>Student Name: _____</p> <p>ID: _____</p> <p>Emergency contact: _____</p> <p>Your Current Address: _____</p> <p>_____</p> <p>_____</p> <p>Your Current Home Phone: _____</p> <p>Your Current Email: _____</p> <p>Signature: _____</p> <p>Date of Report change: _____</p>
<p><i>Office Use Only</i></p>	<p>Changes updated</p> <p>Signature: _____</p> <p>Date: _____</p>