

CHANGE OF PERSONAL DETAILS FORM



Please complete this form to notify Pegasus International College of any changes to your personal details. Supporting evidence may be required. All information is kept confidential in accordance with our Privacy Policy.

<u>STUDENT DETAILS</u>	
Student Full Name:	
Student ID:	
Changes Requested:	<input type="checkbox"/> Phone Number <input type="checkbox"/> Email <input type="checkbox"/> Address <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Other
If 'Other', please specify:	
Email Address (New):	
Phone Number (New):	
Residential Address (New):	
Postal Address (if different):	
Emergency Contact Name (New):	
Emergency Contact Phone (New):	
Emergency Contact Relationship:	
Effective Date of Change:	
Student Signature:	
Date:	

<u>OFFICE USE ONLY</u>	
Received By:	
Date Received:	
Evidence Provided (if applicable):	
Updated in LMS (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Updated in Student Database:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Signature:	