

## STUDENT CHANGE OF DETAILS FORM

I am a student of InterCare and wish to advise a change of:

- Name (please provide proof of change of name<sup>1</sup>)  Contact Details
- Home Address  Other

Other (please specify):

Student name (as on current records):

 Date of Birth: 

Previous address (as on current records):

Course undertaking/undertaken:

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### Please provide new information below

Surname (legal family surname):

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<sup>1</sup> Certified copies\* of documentary evidence must be supplied. Documentary evidence accepted includes a current Passport, and Birth, Marriage or Change of Name Certificate from the Registry of Births, Deaths & Marriages. A certified copy is a copy of an original document that has been verified as being a true copy after the original document has been sighted by an authorised person.

First name:

Middle name:

Home address:

Postal address (if different from above):

Phone Home:

Work:

Mobile:

Signature:

Date:

**9 INTERNAL REFERENCE NUMBER**

ITSF1.95