

CHANGE OF NAME FORM

Please note that this form should be lodged at the Student Centre in person and **must** be submitted with documentary evidence i.e. Marriage Certificate, Passport, Birth Certificate or AUS Drivers Licence.

Email: Student.Centre@canberra.edu.au **Fax:** 02 62015040 **Student Centre:** 1B150

Student Number	Date of Birth	All electronic communication from the University will be sent to your student email u @uni.canberra.edu.au
<input type="text"/>	<input type="text"/>	

CURRENT NAME

Title	Given Names	Family Name / Surname
Mr / Mrs / Ms / Miss / Dr	<input type="text"/>	<input type="text"/>

UPDATED NAME

Title	Given Names	Family Name / Surname
Mr / Mrs / Ms / Miss / Dr	<input type="text"/>	<input type="text"/>
Preferred Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Australia Government Higher Education Provider Number 00212K

Personal information collected by the University is subject to the Commonwealth *Privacy Act 1988*

Postal Address: Student Centre, University of Canberra, Bruce, ACT Australia 2601
Phone 1300 301 727 Fax: +61 (0)2 6201 5040 Email: Student.Centre@canberra.edu.au

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