

CHANGE OF OFFICIAL NAME



Please return to:
Student Business Centre
CQUniversity Australia
Building 2, Bruce Highway
Rockhampton QLD 4702

Fax number: 07 4930 9399

If faxing this form please photocopy first.

Student number

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EXISTING NAME

Title
Family name
Given name(s)

NEW NAME

Title
Family name
Given name(s)

I hereby declare that the above information is true and correct as of the date below and that this information shall remain valid until I provide notice in writing of any change.

Existing signature

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Date

		/			/				
(DD/MM/YYYY)									

New signature

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Date

		/			/				
(DD/MM/YYYY)									

Note: Please provide relevant documentation when changing family name (eg: Marriage Certificate).
All copies of documentation **must be certified**.

Do you wish to change your preferred name as recorded in the student records system?

Yes

No

PREFERRED NAME

Title
Family name
Given name(s)