



# Request to Change Home/Postal Address

## Students under 18 yrs of age

### Personal Details

Student ID Number  Phone No. \_\_\_\_\_

Given Names \_\_\_\_\_ Family Name \_\_\_\_\_

Change relates to : (please tick) Home address  Postal address

Please submit this form either in person or by mail to: Student Connect  
18 Wally's Walk  
Level 2 MUSE  
Macquarie University NSW 2109

### Current Address

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Post code \_\_\_\_\_ Country \_\_\_\_\_

### New Address

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Post code \_\_\_\_\_ Country \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_