



WARAWARA
DEPARTMENT OF INDIGENOUS STUDIES

CHANGE OF PERSONAL INFORMATION

Students must return this form to Warawara to update your details.

Fax Number 02) 9850 7735 or
POSTAL ADDRESS: Warawara, Macquarie University, North Ryde, NSW 2109.

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Section 1.

Family Name: Other Name:

Date of Birth:/...../..... Course: Year: Student #:

Are you currently enrolled? (Please tick ✓) Yes No If no, what year enrolled: Course:

Section 2.

CHANGE OF POSTAL ADDRESS/TELEPHONE NUMBER: Please tick ✓ if this address is your preferred mailing address
Please enter your new address and/or telephone numbers in the spaces below.

NUMBER AND STREET NAME

SUBURB/TOWN

COUNTRY (If not Australia) STATE POSTCODE

Home Telephone.....)..... Mobile Telephone.....

Work Telephone.....)..... Fax Number.....)

Email Address.....

Do you want your Study Materials mailing address to be changed to the same address as above? (Please tick ✓) Yes No

Section 3.

CHANGE OF PERMANENT HOME ADDRESS Please ✓ tick if this address is your preferred mailing address

NUMBER AND STREET NAME

SUBURB/TOWN..... COUNTRY (If not Australia) POSTCODE.....

If your permanent address is to be changed & is the same as your mail address above, enter 'as above' in the space below.

Section 4.

EMPLOYER DETAILS

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER PHONE.....EMPLOYER FAX.....

Section 5.

Student Signature: Date:.....