

School of Integrated Body Therapy

Change of Student Address / Request

I _____ request that the school change my contact details

Date: ____/____/____

Please change my details to:

Name: _____

Address: _____

Post Code: _____

Email: _____

Mobile: _____

USI number: _____

Emergency Contact: _____

Name: _____

Mobile: _____

Comment/Other instructions:

Signature:

.....

Office Use Only

Records changed: Student Mailing List Myob Smartsoft