



SWINBURNE  
UNIVERSITY OF  
TECHNOLOGY

# Amendment to Personal Details



## CURRENT PERSONAL DETAILS

Student Number: \_\_\_\_\_ Title: DR

Surname: BAUER

Given Names: ISABELE ESTHER MARIA TERESA

Date of Birth: 15/08/81

Gender: F

## CHANGE OF CONTACT ADDRESS

Number & Street: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Note: All Correspondence is sent to teaching period/semester address and/or Swinburne email address.

## CHANGE OF PERMANENT ADDRESS

Number & Street: 703 JACKSON HILL

Suburb/Town/City: HOUSTON State: TEXAS Postcode: 77007

Country: USA Email: IENTBAUER@GMAIL.COM

Phone Number: \_\_\_\_\_ Mobile: +1 832 812 9017 Effective Date: APRIL 2015

## CHANGE OF EMERGENCY DETAILS

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Number & Street: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## DOCUMENTARY EVIDENCE

Swinburne University of Technology requires students to produce documentary evidence in support of requests for amendment of records relating to a student's name, date of birth or gender.

Acceptable evidence may include such documents as a birth certificate, passport, marriage certificate or change of name certificate. A document provided as evidence must be an original document or a certified copy of an original document.

This form may be submitted in person at any of the University's student HQ and appropriate documents presented for viewing at that time. Alternatively, this form may be submitted by mail, together with certified copies of appropriate documentary evidence, to **student HQ, Swinburne University of Technology, PO Box 218, Hawthorn Vic 3122.**

## AMENDMENT TO NAME/DATE OF BIRTH/TITLE/GENDER (DOCUMENTARY EVIDENCE REQUIRED)

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Second Given Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## TYPE OF DOCUMENTARY EVIDENCE PROVIDED

Birth Certificate

Original ☐

Certified Copy ☐

Marriage Certificate

Original ☐

Certified Copy ☐

Passport

Original ☐

Certified Copy ☒

Other

Original ☐

Certified Copy ☐

## STUDENT AUTHORISATION

SIGNATURE OF STUDENT



DATE 25, 11, 2015

## PRIVACY

Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy. The Privacy Statement can be viewed at:  
<http://www.swinburne.edu.au/privacy>.

## LODGEMENT OF FORM

In Person:

student HQ

By mail to:

student HQ  
Mail No. H7  
Swinburne University of Technology  
PO Box 218 Hawthorn Vic 3122

Please ensure appropriate documentation is provided

## Office Use Only

DATE RECEIVED

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE ENTERED

\_\_\_\_/\_\_\_\_/\_\_\_\_

Initials \_\_\_\_\_