

## Change to personal student information form

### Section 1: Instructions

Please note if you wish to access the personal information retained by UHE, contact Student Services Officer on campus.

1. Use this form to request a change to the personal information retained by UHE on your student record.
2. You will need to provide documentation to support your change request. Ensure that all required evidence is provided at the time of submission. Documentation requirements are indicated in each section.
3. Please submit this form to [support@uhe.com.au](mailto:support@uhe.com.au).

### Section 2: Current Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Mobile: \_\_\_\_\_

### Section 3: Correction to student information

**Update your legal name after an official change**

Please indicate you have provided the following

Valid photo ID (showing former name)  Proof of name change (e.g. Marriage certificate, court order)

**Correction to your legal name or date of birth**

Please indicate you have provided the following

Valid photo ID  Proof of date of birth (e.g. Birth certificate)

**Update to disability status**

Please indicate you have provided the following

Medical Documentation (A letter from a licensed healthcare provider confirming the disability)  
 Diagnostic Reports  Disability Certificate or Assessment including Verification of Ongoing Disability

**Update to preferred given name, personal (gender) identifier or title/ Update to Emergency Contact**

No additional documentation required

### Section 4: Updated Student Information

Please indicate your correct/preferred details

Student Name: \_\_\_\_\_ Student Title: \_\_\_\_\_  
Student Identifier: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Student Mobile: \_\_\_\_\_

I acknowledge that UHE reserves the right to verify the information provided and may vary or reverse any change if it is found to be based on incorrect or incomplete information. By submitting this form, I consent to UHE maintaining and processing the personal information provided for the purpose of updating student records in accordance with the UHE Student Privacy Policy. This information will be handled in strict compliance with privacy laws and institutional policies. These policies are available on our website [www.uhe.edu.au](http://www.uhe.edu.au).

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Section 5: Office Use ONLY

Received By: \_\_\_\_\_ Date Received \_\_\_\_\_

Action taken:  Processed  Additional Information requested

Processed by: \_\_\_\_\_ Date of Change \_\_\_\_\_