CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
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CHANGE OF AGENT FORM

Student Full Name			
Date of Birth			
Student Number			
Address			
Mobile			
Email			
Current Agent Information			
Agent Name		**Contact Person**	
Address			
Mobile		**Email**	
What is the reason for changing your representative?			
New Agent information			
Agent Name		**Contact Person**	
Address			
Mobile		**Email**	
Declaration			
By signing this form, I declare that the information I have provided is true and correct to the best of my knowledge.			
Student Signature:		**Date:**	
OFFICE USE ONLY Received by: Date:			
Comments: **Signature:** **Date:**			