NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

Change of Address Notification
National Qualifications Framework

Please use this form to advise NZQA of a new address for posting your information and your Record of Learning.

PLEASE USE BLOCK LETTERS

NSN (if known).

1 **Surname** (family name)

2 **First Names** (given names). Enter all names in full

Date of Birth Day Month 19 Year

Old Address

New Address

I declare that the particulars given above are correct and authorise the New Zealand Qualifications Authority to collect information from and/or exchange information with any Teaching Institute, Industry Training Organisation or Government Agency with which I am enrolled, or have requested enrolment or funding.

Signed: Date:

Post/Fax the completed form to: New Zealand Qualifications Authority, P O Box 160, Wellington
Telephone: 04-802-3000 Fax: 04-802-3107