



Change of Address Notification

THIS FORM MUST BE COMPLETED AND RETURNED TO THE REGISTRAR'S OFFICE.

Name: _____
Surname First Middle

Maiden Name (if applicable): _____

Program of Study: _____

Student I.D. Number: _____

Previous Address on record:

Postal Code: _____

New Address:

Postal Code: _____

Phone Number: (____) _____ E-mail: _____

- This address will be my:
- Current address for the school year
- Permanent address (for all official current and future mailings)

To ensure accuracy and consistency of service this address will be forwarded to all relevant university departments.

Student's Signature: _____ Date: _____

Office Use Only
Date received by Registrar's office: _____ Signature: _____
Date received by Finance office: _____ Signature: _____
Date inputted: _____ Verified by: _____