

CHANGE IN NAME* OR ADDRESS FORM

To keep our records up to date, you are requested to complete this form and forward it to the Registrar's Office each time you change your mailing address or have a change in name.

*Certified documents must be presented in order for change in name to be processed

PLEASE PRINT

New Information

Name _____

Previous Name(s) _____

Student No. _____ Program _____

Address _____
No. _____ Street

Town/City _____ Postal Code _____ Telephone No. _____

Birthdate _____ (for verification purposes)
YY MM DD

college _____

A: Permanent Mailing Address** B: Address while attending
(for information only)

** Please note all mail will automatically be sent to permanent address

Student Signature

OR

Telephone Request (address change only)

Date

cc: OCAS Date: _____