

Address Change Form



Name: _____ ID Number: _____

PERMANENT ADDRESS (All correspondence sent over the summer will be sent to this address.)

Date Effective: _____ E-mail: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Phone Number: (_____) _____

LOCAL ADDRESS Same as permanent? Yes No If no, please fill out local address below.

Date Effective: _____ E-mail: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Phone Number: (_____) _____

LOCAL EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone Number: _____

Student's Signature

Date

PLEASE RETURN THIS FORM TO THE OFFICE OF ENROLMENT MANAGEMENT AND REGISTRAR