

# Address Change Form



Name: \_\_\_\_\_ I.D.Number: \_\_\_\_\_

**SUMMER 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: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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