

Change of Student Address Form

Enrollment Services Center



PO Box 139 | Dryden, NY 13053-0139

Please complete and return to the above address or return to the Enrollment Services Center, room 101.

Please print clearly:

Student's Name and ID:

_____ Last First MI Student ID

ADDRESS CHANGE

I would like my mail sent to my: _____ permanent address _____ local address

_____ PERMANENT ADDRESS

_____ Street/Postal Address City State Zip

_____ / _____ Day Phone Evening Phone E-Mail Address

_____ LOCAL ADDRESS (If different from permanent address)

_____ Street/Postal Address City State Zip

_____ / _____ Day Phone Evening Phone EMail Address

SIGNATURE _____ DATE _____

Office Use only: Entered on _____ Initial _____

Rev. 06/17