



# CHANGE OF ADDRESS

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/ federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**(REQUIRED) STUDENT SIGNATURE:** \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_