

## Change of Address Notification

### STUDENT NUMBER

LAST NAME

FIRST NAME

### OLD ADDRESS

NO. STREET APT NO.

CITY PROVINCE

OLD PHONE # POSTAL CODE

### NEW ADDRESS

NO. STREET APT NO.

CITY PROVINCE

NEW PHONE # POSTAL CODE

STUDENT'S SIGNATURE:

DATE:

**PLEASE SUBMIT COMPLETED FORM TO THE OFFICE OF THE REGISTRAR**

### DECLARATION

#### Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

#### Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.