

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.