

# Business Office Permanent Address Change Form

Phone: (585) 343-0055 ext. 6212

Fax: (585) 345-6819



Academic Year: 2\_\_\_\_\_ - 2\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Name: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Current Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Effective Date of New Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Former County: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**\*\*\*Please Note: A new Residency Application or Certificate may be required if your new residence is in a different county\*\*\***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
For Business Office Use Only:

Date Changed: \_\_\_\_\_

By: \_\_\_\_\_

For Filing Purposes: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Summer \_\_\_\_\_