



## STUDENT CHANGE OF ADDRESS FORM

Please complete the form and return to the Registrar's office, MacMillan 202, or fax to 315.364.3383.

**Date:**

**ID #:**

**Student:**

*(first) (middle) (last)*

**Class Year:**

**Student's Non-Wells Mailing Address: (LHP)**

*(preferred mailing name)*

County:

Phone:

**Financially Responsible Guardian's Home Address: (BINV/BIN2)**

- Check if same as above

*(preferred mailing name)*

County:

Phone:

**Guardian/s You Live With Home Address:**

- Check if same as above

*(preferred mailing name)*

County:

Phone:

**Additional Information:**