

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: _____ Class Year: _____
(first) (middle) (last)

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 is same as above

(preferred mailing name)

County: _____ Phone: _____

Additional Information: