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: