

Office of Registration and Records  
The College at Brockport  
350 New Campus Drive  
Brockport, NY 14420-2966

## ADDRESS CHANGE FORM

(585) 395-2531

**IMPORTANT:** Please print clearly and complete all information as requested. Submit this form to the address above.

### REQUIRED INFORMATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Number: \_\_\_\_\_ (as it currently appears on the college records)

Name as it currently appears on the college records:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_

**Signature:** \_\_\_\_\_

**ADDRESS CHANGE - please circle**

**PERMANENT**

**OFF CAMPUS**

\_\_\_\_\_  
House Number/Street (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
City State Zip Code County

**LOCAL ADDRESS** (Please note: **Residence Hall changes *must* be submitted to Residential Life, Hazen Hall)**

\_\_\_\_\_  
House Number/Street (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
City State Zip Code County