

College at Oneonta

Office of the Registrar

Change of Address Form

Student Name _____

Oneonta ID Number _____

Undergraduate Student

Graduate Student

ADDRESS CHANGE:

Local

This is your OFF CAMPUS address while at school.

Start Date _____

End Date for your local address. _____

New Address

Street _____

City _____

State _____

Zip _____

Telephone () - _____

Permanent

This is YOUR home address

Parent Guardian

This is your PARENT/ GUARDIAN address. If you live with them and you are changing your permanent address, you **MUST** check this also.

New Address

Street _____

City _____

State _____

Zip _____

Telephone () - _____

CHANGE TELEPHONE ONLY:

Telephone () - _____

NAME CHANGES must be done in person at the Registrar's Office (Netzer 131)

SIGNATURE _____

Date _____

Your signature is REQUIRED. We cannot process any changes without your signature on this form.

Office use only

Record Changed by _____

Date _____

revised 6/1/01