

SIGNATURE: _

DATE_

Change of Address

(a) Complete and submit this form to Enrolment Services, Centennial College.

______ STUDENT ID NO. __| __| __| __| __| __| __| __| __|

- (b) If submitting this form in person, please provide identification.
- (c) Address changes will **NOT** be undertaken by telephone instruction.

| □ MR. □ MRS. | | |
|---|----------------------------------|--|
| ■ MS. ■ MISS | | |
| (LAST) | (FIRST) | (MIDDLE) |
| YOUR NEW PERMANENT ADDRESS (TYPE P) | | |
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| APARTMENT NO. CITY () AREA CODE) TELEPHONE NO. AT YOUR PERMANENT ADDRESS () AREA CODE) TELEPHONE NO. AT WORK (IF ANY) | ndence from the college can be r | mailed to you at any time. STREET ADDRESS |
| () | PROVINCE | STREET ADDRESS POSTAL CODE different from your permanent |
| Permanent address is the one to which correspond APARTMENT NO. CITY () (AREA CODE) TELEPHONE NO. AT YOUR PERMANENT ADDRESS () (AREA CODE) TELEPHONE NO. AT WORK (IF ANY) YOUR NEW LOCAL ADDRESS (TYPE L) Please print details regarding your new local add | PROVINCE | STREET ADDRESS POSTAL CODE different from your permanent |

Enrolment Services November 2006