

CHANGE of ADDRESS or NAME

Please print clearly

Name: _____
Last Name First Name Middle Name/Initial

FLCC ID #: _____ **Email:** _____

LEGAL/PERMANENT ADDRESS

_____ Street Address or P.O. Box

_____ City State Zip County

Telephone Number: (_____) _____

EMERGENCY CONTACT

Name: _____ Telephone Number: (_____) _____

LOCAL/TEMPORARY ADDRESS (Note: The College already has your Finger Lakes College Suites address on file; use this area for a local, off-campus address only.)

_____ Street Address or P.O. Box

_____ City State Zip County

Local Telephone Number: (_____) _____

Effective dates of address: from: _____ to: _____
Month/Year Month/Year

CHANGE OF NAME (change of name must be accompanied by a copy of your new Social Security Card)

New Name: _____
Last Name First Name Middle Name/Initial

Former Name: _____
Last Name First Name Middle Name/Initial

Student Signature: _____ **Date:** _____

Please return form to the One Stop Center; or Geneva, Victor or Wayne County Campus Center.