

# CHANGE OF ADDRESS

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Year of Study: \_\_\_\_\_

**NEW Permanent Address:**

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Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Please note that the above address will be used for:

End of Year Results

Registration Information

Contact after graduation

All other College notification

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**NEW Term-time Temporary Address:**

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Tel No: \_\_\_\_\_

The term-time temporary address will be used only for contact during the academic year.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_