



STUDENT CHANGE OF ADDRESS FORM

Type your answers into the blanks in this form, print out the form and mail it to Registration. Or, print out the form, hand write your information in the blanks and mail it to Registration.

Student ID (if known) _____ Today's Date _____

Name _____ Birth Date _____

New Address _____ County _____

New City _____ State _____ Zip _____

New Home Phone _____

Alternate Phone _____

E-mail _____

Previous Address _____ County _____

Previous City _____ State _____ Zip Code _____

Previous Home Phone _____

Alternate Phone _____

E-mail _____

IF NECESSARY, YOU WILL BE CONTACTED FOR ADDITIONAL RESIDENCY INFORMATION.

Please return this form to:

REGISTRATION
MCHENRY COUNTY COLLEGE
8900 US HIGHWAY 14 ROOM A258
CRYSTAL LAKE IL 60012