

# CHANGE OF ADDRESS AND/OR CONTACT INFORMATION FORM

(This form is not to be used for a name change)

Student ID (if known)\_\_\_\_\_ Today's Date\_\_\_\_\_

Name\_\_\_\_\_ Birth date\_\_\_\_\_

New Address\_\_\_\_\_ County\_\_\_\_\_

New City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

New Home Phone\_\_\_\_\_

New Cell Phone\_\_\_\_\_

New email\_\_\_\_\_

Previous Address\_\_\_\_\_ County\_\_\_\_\_

Previous City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Previous Home Phone\_\_\_\_\_

Previous Alternate Phone\_\_\_\_\_

Previous email\_\_\_\_\_

\_\_\_\_\_  
Student Signature

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

Please return this signed form by mail to:

REGISTRATION

McHenry County College

8900 U.S. Highway 14, Rm A258

Crystal Lake, IL 60012

