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

McHenry County College