



Change of Address Form

Legal First Name		Legal Last Name	
Legal Middle Name		Alternate Name(s)	
Student Number			
Date of effective change			

New Permanent Contact Address

Street		City	
Province		Postal Code	
Phone		Alternate Phone	
Email		Other	

New Local Mailing Address:

Street		City	
Province		Postal Code	
Phone		Alternate Phone	
Email		Other	

OCTCM Use Only:

Date Received: (yyyy/mm/dd)	Staff Signature:
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