Seneca College

Address or Name Change Form

Please Print Clearly:

PLEASE UPDATE: ☐ MY ADDRESS ☐ AND/OR NAME (INCLUDE PROOF OF NAME CHANGE)

LAST NAME _____ FIRST NAME _____

STUDENT NUMBER _____ PROGRAM _____ SEMESTER _____ DAY ☐ OR EVENING ☐

NOTE: Both your permanent home address and your address while attending Seneca College must be current and on file in the Registration and Records Office.

PERMANENT HOME ADDRESS

APT / UNIT _____ NUMBER AND STREET _____

CITY / TOWN _____ PROVINCE _____ POSTAL CODE _____

( ) _____ HOME TELEPHONE NUMBER

( ) _____ BUSINESS TELEPHONE NUMBER

ADDRESS WHILE ATTENDING SENECA: Same as above ☐ OR:

APT / UNIT _____ NUMBER AND STREET _____

CITY / TOWN _____ PROVINCE _____ POSTAL CODE _____

( ) _____ TELEPHONE NUMBER

Do you have an OSAP File: Yes ☐ or No ☐

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

The personal information on this form is collected under the legal authority of the Colleges & Universities Act, R.S.O. 1990, Reg. 770. The information is used for the administrative and statistical purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. For further information please contact the College Registrar, 1750 Finch Avenue E., North York, Ontario M2J 2X5, (416) 491-5050.

I have read the above statement and hereby authorize the release of information contained herein to the aforementioned.

STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Date Processed: _____ Initial _____