

Change of Address

Please print clearly

Name: _____
Last Name
First Name
Middle Name/Initial

FLCC ID #: _____ **Email:** _____

Legal/Permanent Address

_____ Street Address or P.O. Box

_____ City State Zip County

Telephone Number: (_____) _____

Emergency Contact

Name: _____ Telephone Number: (_____) _____

Local/Temporary Address (Note: The College already has your Finger Lakes College Suites address on file; use this area for a local, off-campus address only.)

_____ Street Address or P.O. Box

_____ City State Zip County

Local Telephone Number: (_____) _____

Effective dates of address: from: _____ to: _____
Month/Year
Month/Year

Mailing Preference.
 Please select the address you would like to have mail sent to (if no preference is selected, Legal/Permanent will be used).

Legal/Permanent Address Local/Temporary Address

I certify that the information provided on this form is, to the best of my knowledge and belief, true and correct. By providing my address and contact information to the college, I hereby authorize the college or its agents to use my address to send me correspondence related to my affiliation with the college. I further understand that Finger Lakes Community College may use an automated calling system and a pre-recorded message to contact me by phone regarding my affiliation with the college.

Student Signature: _____ **Date:** _____

Please return form to the One Stop Center; or Geneva, Victor or Wayne County Campus Center.

FOR OFFICE USE ONLY Updated 10/01/2015	NAE <input type="checkbox"/> Pref Flags (ADSU) <input type="checkbox"/> EMPC <input type="checkbox"/>	Date Processed _____ Staff Initials _____
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Nondiscrimination Notice: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.