

# CHANGE OF ADDRESS FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO:  
OFFICE OF THE REGISTRAR  
WESTCHESTER COMMUNITY COLLEGE  
75 GRASSLANDS ROAD • VALHALLA, NY 10595-1698

**Please Print**

**Social Security Number:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Legal Residence:** \_\_\_\_\_

Street Address

City

State

Zip Code

County

**Mailing Address:** \_\_\_\_\_

Street Address

City

State

Zip Code

County

**Foreign Address (Foreign Students Only):**

Street Address

City

State

Zip Code

County

**Telephone Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

*For Office Use Only*

*Entered By:* \_\_\_\_\_