

Address or Name Change Form

↶ _____ ↶ _____ ↶ _____
Last Name First Name Middle Name

Student ID Number: _____ Program: _____

Seneca Email: _____ Alternate Email: _____

Please Update: My Address My Name (include proof of name change)

NAME CHANGE:

Name Change **From:** _____
Last Name First Name Middle Name

Name Change **To:** _____
Last Name First Name Middle Name

ADDRESS CHANGE:

CHANGE PERMANENT HOME ADDRESS TO:

Street Address _____ Apt./Unit No. _____

City/Town _____ Province _____ Postal Code _____

()
Preferred Telephone Number: _____

CHANGE PERMANENT MAILING ADDRESS WHILE ATTENDING SENECA TO: Same as above: OR:

Street Address _____ Apt./Unit No. _____

City/Town _____ Province _____ Postal Code _____

()
Preferred Telephone Number: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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

Date: _____

For Office Use Only:

Processed By: _____ Date: _____