

Office of the Registrar

Telephone: 416.764.9900

Email: theservicehub@senecapolytechnic.ca

Important Academic Dates: senecapolytechnic.ca/registrar/dates

Seneca

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 _____

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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 _____

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Preferred Telephone Number: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.764.0400 or email privacyoffice@senecapolytechnic.ca.

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: _____