

Change of Address

Please print clearly

Name: _____
Last Name First Name Middle Name/Initial

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

<p>Legal/Permanent Address</p> <p>_____</p> <p style="text-align: center;"><small>Street Address or P.O. Box</small></p> <p>_____</p> <p style="text-align: center;"><small>City State Zip</small></p>	<p>Home Phone (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Cell Phone (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Would you like to receive important text messages related to your FLCC application and enrollment process?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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

Local Phone () -

Use the same Home/Cell Phone numbers as above

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 10/16/2017	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.