



EUGENIO MARÍA DE **HOSTOS COMMUNITY COLLEGE**
OF THE CITY UNIVERSITY OF NEW YORK

OFFICE OF THE REGISTRAR
CHANGE OF ADDRESS FORM

NAME IN FULL (PLEASE PRINT)			STUDENT ID#		
ADDRESS			TELEPHONE		
APT.	CITY	STATE	ZIP CODE		

NEW ADDRESS

STREET NUMBER										APT. NO.	
CITY						STATE		ZIP CODE			

STUDENT'S SIGNATURE _____ DATE _____

RECEIVED BY REGISTRAR'S OFFICE _____ DATE _____

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