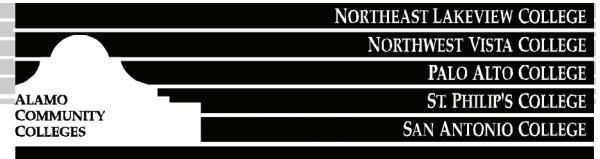


# Change of Address



“State law gives you the right to request, receive, and correct information about yourself collected on this form.”

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_  
Last First MI

**FORMER ADDRESS:**

**NEW ADDRESS:**

STREET \_\_\_\_\_ APT # \_\_\_\_\_

STREET \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**DATE MOVED:** \_\_\_\_\_

**NEW PHONE #:** \_\_\_\_\_

Any tuition status revisions due to an address change, submitted after the official census date, will become effective the next regular term.

I understand that I must submit proof of physically residing at the new address if my former address was not in Bexar County. I certify that the above change and any other information submitted concerning my residence are true, complete and accurate.

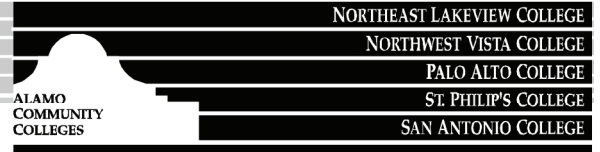
STUDENT'S SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY \_\_\_\_\_

Address Changed: \_\_\_\_\_ Initials: \_\_\_\_\_ Document Verified If Changed Involved Residency: \_\_\_\_\_ Initials: \_\_\_\_\_

The Alamo Community College District is an EOE. For any special accommodations or an alternate format, contact the Title IV Coordinator at (210) 208-8051.

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Date: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_  
Last First MI

**FORMER ADDRESS:**

**NEW ADDRESS:**

STREET \_\_\_\_\_ APT # \_\_\_\_\_

STREET \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

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