CHANGE OF ADDRESS

SUNY GENESEO ❋ OFFICE OF THE REGISTRAR

NAME _____ ID # _____

☐ Mailing (Permanent)

_____

Street City State Zip

_____ ( ) _____

County Telephone Number

☐ Off-Campus (Local)

_____

Street City State Zip

_____ ( ) _____

County Telephone Number

☐ Parents/Guardian ☐ Same as Mailing (Permanent)

_____

Street City State Zip

_____ ( ) _____

County Telephone Number