

# Seneca

## Address or Name Change Form

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Seneca ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program \_\_\_\_\_

Semester \_\_\_\_\_

Day

Do you have OSAP?

Evening

Yes

No

**Please Update:**

My Address

My Name (include proof of name change)

### NAME CHANGE:

Name Change **From:** \_\_\_\_\_  
First Name Middle Name Last Name

Name Change **To:** \_\_\_\_\_  
First Name Middle Name Last Name

### ADDRESS CHANGE:

#### CHANGE PERMANENT HOME ADDRESS TO:

Street Address \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone Number:

\_\_\_\_\_-\_\_\_\_\_  
(Area Code)

Business Telephone Number:

\_\_\_\_\_-\_\_\_\_\_  
(Area Code)

#### CHANGE PERMANENT MAILING ADDRESS WHILE ATTENDING SENECA TO:

Same as above:

**OR:**

Street Address \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone Number:

\_\_\_\_\_-\_\_\_\_\_  
(Area Code)

Business Telephone Number:

\_\_\_\_\_-\_\_\_\_\_  
(Area Code)

**Note:** Both your permanent home address and your address while attending Seneca College must be current and on file in the Registration and Records Office.

#### 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) 491-5050 extension 77846 or email [privacyoffice@senecacollege.ca](mailto:privacyoffice@senecacollege.ca).

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Date Processed: \_\_\_\_\_ Advisor Initial: \_\_\_\_\_

Original: Student File

Copy: Financial Aid

TO BE DUPLICATED ONLY BY REGISTRATION & RECORDS.

Last Revised: September 29, 2016