

# UNIVERSITY OF PRINCE EDWARD ISLAND

## CHANGE OF ADDRESS

Please print the information requested below and return to the Registrar's Office.

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Student ID # \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Previous Name \_\_\_\_\_  
Current Program of Study \_\_\_\_\_ Year of Study \_\_\_\_\_

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### **Home Address** (*permanent mailing address*)

Number & Street \_\_\_\_\_  
Apt # \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone # (     ) \_\_\_\_\_ email \_\_\_\_\_

### **Local Address** (*mailing address during school year*) Same as above \_\_\_\_\_

Number & Street (or Bldg if in Res.) \_\_\_\_\_  
Apt # \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone # (     ) \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date