ADDRESS CHANGE FORM

Student Name _____Student ID_____

<u>PRINT NEW MAILING ADDRESS</u> HERE:

<u>CONFIRM PHONE NUMBER</u> HERE:

Student Signature_____Date_____

Office Use Only - One Stop checklist:

1. SFAREGS Residency Code Review current and future terms
2. SAAADMS Residency Code Review current and future terms
3. SPAIDEN Expire previous address and Create new address with phone number

OS Processor_____Date_____

Return to College Services One Stop, GBCC, 320 Corporate Drive, Portsmouth,