

BURSAR'S OFFICE
HCCS STUDENT ADDRESS CHANGE REQUEST FORM

Dear Student:

Please take a moment to give us your current mailing address below. As of February 1, 2002, HCCS has instituted a new policy under which we will be charging each student the bank fee of \$25.00 for every lost check requiring stop-payment and subsequent reissue. To avoid losing your HCCS mailings, particularly your refund checks, please fill out the form below, *even if you are sure that we have your current mailing address already.*

Please note: Business or "in care of" addresses cannot be accepted. Mail directed to post office boxes is acceptable, but the student retains all responsibility for any address given.

STUDENT NAME: _____

CURRENT MAILING ADDRESS:

SSN/ ID NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____