

CONCORDIA COLLEGE

NEW YORK

CHANGE OF ADDRESS FORM

Check One: Faculty / Staff _____ (Submit to Payroll)
Student _____ (Submit to Registrar's Office)

Name: _____

New Address: _____

New Phone #: _____

New E-mail: _____

Effective Date: _____

Previous: Town/City _____
State/Zip _____

Signature: _____

Date: _____

Business Office Only: Payroll: _____ Banner _____
New Tax Jurisdiction: Y _____ N _____ Date _____