



SAINT VINCENT COLLEGE

CHANGE IN RECORDS FORM

Student ID # _____

Name _____

Date _____

SVC Box # _____

Social Security # _____

Signature

A) CHANGE OF ADDRESS

Old Address: _____

New Address: _____

Does this address apply to your parents or siblings? If so, please list their names:

B) OTHER CHANGES IN RECORDS

To make corrections in records (e.g. to correct a Social Security Number)

To make other corrections or acceptable changes (except changes in grade point averages)

Please explain what changes you would like to have made, and your reason why:

Please return this form to the Office of the Registrar, First Floor, Alfred Hall.