

## CHANGE OF ADDRESS

Forename(s):..... Surname: .....

Date of Birth: ..... Student No.:.....

Cohort:..... Branch: .....

**Old Address:**

**New Address:**

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**Postcode:** .....

**Postcode:**.....

Telephone: .....

Mobile: .....

Your City University Email address:..... @city.ac.uk

Signature: .....

DATE STAMP:.....

***When completed, please return this form to the Student Services Desk  
It is important you keep us informed of ANY change of address as soon as possible***

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