

South Suburban College of Cook County

*Additional Address Form

SSN: _____ - _____ - _____

Name _____

E-MAIL ADDRESS

EMERGENCY CONTACT

Name of Emergency Contact

Street Address City State Zip Code Phone (_____) _____

**MAILING ADDRESS

Street Address City State Zip Code Phone (_____) _____

OUT OF TOWN/SCHOOL ADDRESS

Street Address City State Zip Code Phone (_____) _____

PREVIOUS NAME & ADDRESS

Name

Street Address City State Zip Code Phone (_____) _____

WORK

Street Address City State Zip Code Phone (_____) _____

*Adding additional addresses to your file may not require proof of residency.

**Changing your mailing address to a P.O. Box will require documentation from the Post Office.

I hereby certify that to the best of my knowledge the information furnished is true and complete. I understand that if it is to be found otherwise, it is sufficient cause for rejection or dismissal.

Employees of the college are required to file a separate change form with personnel.

Student's Signature

Date