

South Suburban College
15800 South State St. ● South Holland, IL 60473 ● 708-596-2000, ext. 2326 Fax: 708-225-5806 Change of Address Request

	Fall	Spring	Summer
First		Mid	dle
		Alternate Phone	e
NEW ADDRESS			
City PREVIOUS ADDRESS		State	Zip Code
City		State	Zip Code
returned mail; you are required to provunable to provide either one of those items category below) will be required to verify in-distri	ployees of the convide a valid ms, see add	ollege are required to file a se driver's license or s ditional acceptable Each document must lis	parate change form in personnel. State issued ID card win items below.
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3 ,	Bills:	Jalogol	. y
Tax return	-Gas		
	Florida		
W-2	-Electric		
W-2 1098-T (not from South Suburban College) 1099 Interest Statement	-Electric -Telepho		
1098-T (not from South Suburban College)	-Telepho	ne	
1098-T (not from South Suburban College) 1099 Interest Statement	-Telepho -Water -Medical	ne	
1098-T (not from South Suburban College) 1099 Interest Statement Social Security Statement	-Telepho -Water -Medical -Credit C	/Dental	(Car/Boat/Motorcycle, etc.)
1098-T (not from South Suburban College) 1099 Interest Statement Social Security Statement FAFSA downloaded information	-Telepho -Water -Medical -Credit C	/Dental	
1098-T (not from South Suburban College) 1099 Interest Statement Social Security Statement FAFSA downloaded information INS Documentation	-Telepho -Water -Medical -Credit C	/Dental Card Statement ent Loan Documentation Card (must include name	(Car/Boat/Motorcycle, etc.)
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1098-T (not from South Suburban College) 1099 Interest Statement Social Security Statement FAFSA downloaded information INS Documentation Voter's Registration Card * Vehicle Registration Card Healthcare Eligibility Card from Healthcare and Family Services Current Illinois Firearm Owners ID Card	-Telepho -Water -Medical -Credit C Installme Library C	/Dental Card Statement ent Loan Documentation Card (must include name	
1098-T (not from South Suburban College) 1099 Interest Statement Social Security Statement FAFSA downloaded information INS Documentation Voter's Registration Card * Vehicle Registration Card Healthcare Eligibility Card from Healthcare and Family Services Current Illinois Firearm Owners ID Card (FOID Card)	-Telepho -Water -Medical -Credit C Installme Library C	/Dental Card Statement ent Loan Documentation Card (must include name	
	NEW ADDRESS City PREVIOUS ADDRESS City owledge the information furnished is true and complete. Empreturned mail; you are required to provinable to provide either one of those item category below) will be required to verify in-distrip, and at least one of the documents must be date Category II Paycheck stub	City PREVIOUS ADDRESS City One owledge the information furnished is true and complete. Employees of the control of the contr	Alternate Phone NEW ADDRESS City State PREVIOUS ADDRESS City State Date: