

DELTA COLLEGE ADDRESS CHANGE FORM

Received By:
<input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Email
Date:

Name: _____ Delta ID # : _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ Home Cell Work Non-Delta Email: _____

If you are an employee of Delta College, please visit the Human Resources office in J101 to complete an address or name change.

I understand that this is an address change and I am not requesting a residency change.

Signature: _____ Date: _____

RETURN FORM AND DOCUMENTATION TO THE REGISTRAR'S OFFICE – D102
Delta College, 1961 Delta Rd., University Center, MI 48710
Email: registration@delta.edu fax: (989)667-2221

REV 01/23