



Independence Community College

Address Change Request

Student Name: _____ ID#: _____

CURRENT

Mailing Address: _____

Street/Box #

City

State

Zip

As of this date: _____

Billing Address: _____

Street/Box #

City

State

Zip

As of this date: _____

Legal Home Address: _____

Street/Box #

City

State

Zip

As of this date: _____

PREVIOUS

Mailing Address: _____

Street/Box #

City

State

Zip

Billing Address: _____

Street/Box #

City

State

Zip

Legal Home Address: _____

Street/Box #

City

State

Zip

Student Signature: _____ Date: _____

Return to: ICC Registrar's Office, PO Box 708, Independence, KS 67301

Questions about this form? 620-332-5430 or 800-842-6063 x5430