

## Address Changing Form

Please fill-up the information below and submit to the Office of the Controller of Examinations.

Student Name:	
Student ID No.	
Student Contact No.	
E-mail Address:	
Mailing Address:	
Guardian Name:	
Guardian Contact No.	
Relationship with Guardian:	

\_\_\_\_\_  
(Signature of the Student with Date)

\_\_\_\_\_  
( Signature of the Guardian with Date )

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