

Date Entered:

Change of Address Form

Address changes can be updated online via myNIC, or mail or fax form to: Registrar, North Island College (see below for campus addresses) Student Name: Student No: **NEW ADDRESS:** City: _____ Province: ____ Postal Code: ____ Phone No. (including area code): ______ Birth Date (yyyy/mm/dd): _____ Student Signature: _____ Effective Date: ____ I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution. Please Mail or Fax this form to the Registrar, North Island College, at one of the locations below: Campbell River Campus Comox Valley Campus Port Alberni Campus Mixalakwila Campus 1685 South Dogwood Street 2300 Ryan Road 3699 Roger Street PO Box 901 Campbell River, BC V9W 8C1 Courtenay, BC V9N 8N6 Port Alberni, BC V9Y 8E3 140-8950 Granville Street Tel: 250-923-9700 Tel: 250-334-5000 Fax: Tel: 250-724-8711 Port Hardy, BC V0N 2P0 Email: forms@nic.bc.ca 250-334-5018 Fax: 250-724-8700 Tel: 250-949-7912 Email: forms@nic.bc.ca Email: forms@nic.bc.ca Fax: 250-949-2617 Email: forms@nic.bc.ca FOR OFFICE USE (only): Date Received: Received by: (Signature in full)

Entered by:

(Signature in full)