

Signature: \_\_\_\_\_

## **ACADEMIC RECORDS**

## Former Student Change of Contact Information Form

Date: \_\_\_\_\_

Return the completed form to: Academic Records Office Bunker Hill Community College 250 New Rutherford Avenue, B220 Boston, MA 02129 BHCC ID#: \_\_\_\_\_ Address Information: **Current/Previous Address New Address** Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ City: State: Zip: \_\_\_\_\_ Zip: \_\_\_\_\_ New Phone Number: Old Phone Number:\_\_\_\_\_