

Fax

Please complete this form to change your student residency. It is the responsibility of the student to confirm that this fax was received.

To: **Macomb Community College** **From:** _____

Fax: 586.226-4787 (Center Campus) **Pages:** _____
586.445-7140 (South Campus)

Phone: 586.286-2215 (Center Campus) **Date:** _____
586.445-7225 (South Campus)

Re: **Change of Residency Status**

Please Print

Name: _____

Macomb Student ID Number: _____ **Date of Birth:** _____

Home Phone Number: _____ **Work Phone Number:** _____

Former Address: _____

New Address: _____

Student's Signature: _____

If you are faxing a copy of your driver's license for proof of residency, enlarge and lighten it before faxing. If there is a change of address on the back of your license, fax both the front and the back of your license. For a list of acceptable residency documentation, please check the class schedule or Macomb's website (www.macomb.edu).

You may attach residency documentation here