



## ADDRESS-CONTACT CHANGE FORM

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Full name		Faculty	
Turkish Republic ID Number		Department/ Programme	
Student Number			

I hereby request that my contact information be changed as follows. I hereby declare that for all transactions and correspondence I will conduct within the borders of the Republic of Turkey, at all official and private offices, institutions, military authorities, municipalities, private and legal persons, organizations and institutions, my official address (contact information) is as specified below, and I accept that all notifications and correspondence sent to my residence and e-mail address have been duly delivered to me. and hereby accept and declare full legal responsibility in this regard.

Student Name Surname  
Signature

### ADDRESS INFORMATION:

1) Permanent Address	2) Residence Address at Place of Study

### CONTACT INFORMATION:

Mobile Phone Number		Urgent Phone Number	
Home Phone Number		Family Phone Number	
Business Phone Number		Email	