



Salomé Ureña Leadership Academy MS 322

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Principal: Miriam Rosa, mrosa@m322.org
 Assistant Principal: Freddy Budde, fbudde@m322.org

STUDENT CHANGE OF ADDRESS

Student's Name	D.O.B.	Student ID #	Grade
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Student's Name	D.O.B.	Student ID #	Grade
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Student's Name	D.O.B.	Student ID #	Grade
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Previous Address:
Previous Telephone #

New Address:
New Telephone # (if applicable)

The requester of addressed change is:

Parent/Guardian Name: _____ **Parent/Guardian's Signature:** _____
Date: _____

***** FOR OFFICE USE ONLY*****

Proof of Residency:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lease | <input type="checkbox"/> Voter Registration Card | <input type="checkbox"/> IRS statements |
| <input type="checkbox"/> Bank statement | <input type="checkbox"/> Court Order | <input type="checkbox"/> Utility Bill (Con Edison/Cable) |
| <input type="checkbox"/> USPS Change Address confirmation | <input type="checkbox"/> Driver's License/ Identification Card | <input type="checkbox"/> Other _____ |

The Above Checked items have been presented to me as acceptable proof of residence:

Signature of Registrar _____ Date _____