



CHANGE OF ADDRESS FORM

GRADUATE SCHOOL

Date: _____

Last Name: _____

First Name: _____ Student ID: _____

Father's /Spouse's Name: _____

Mailing Address:

(LHP)

Number: _____ Street: _____ City/Suburb: _____

Country: _____ Postal Code: _____

Home Tel.: _____ Mobile Tel.: _____

If Mailing address is different than Permanent, please fill in:

Other Address:

Number: _____ Street: _____ City/Suburb: _____

Country: _____ Postal Code: _____

Home Tel.: _____ Mobile Tel.: _____

Student's Signature

The personal data provided by the student is kept exclusively for the College's needs in accordance with the relevant Greek law (N.2472/1997) and for so long as such data maybe required. The student bears the rights provided in article 11-14 of the Greek Law No 2472/1997, as such law is each time modified and being in force and mostly, the rights of access and objection. For the exercise of any such right, please contact the Student Success Center, tel.: +30-210-600-9800/9 ext. 1326, 1333, 1334 and 1458.