



Please complete and return this form to Student Services to ensure that any future mailings are properly addressed. Thank you.

Sask Learning ID: 

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Last Name	Given Name	Middle Name
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Old Address: \_\_\_\_\_  
Street/P.O. Box

City	Province	Postal Code
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New Address: \_\_\_\_\_  
Street/P.O. Box

City	Province	Postal Code
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Home Telephone Number \_\_\_\_\_

Effective Date of Address Change \_\_\_\_\_

I confirm that the foregoing information is true, complete and accurate as of this date.

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

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

**SEND THIS FORM TO:**  
 Student Services  
 Saskatchewan Learning  
 4635 Wascana Parkway  
 Box 650  
 REGINA SK S4P 3A3  
 Phone: (306) 787-6086  
 Facsimile: (306) 787-0035