

**CONTACT AND ADDRESS DECLARATION FORM**

**Student's:**

**T.C. Identification**

**Number**

:

**Name – Surname**

:

**Birth Place and Date**

:

**Father's Name**

:

**Mother's Name**

:

**Mobile Phone**

:

**Home Phone**

:

**Father's Cell Number**

:

**Mother's Cell**

:

**Number**

**When unreachable,**

**the person to call**

**(Excluding Mother**

**and Father)**

Name-Surname

:

Mobile Phone

:

The Degree of Kinship

:

**Electronic Mail**

:

**Address**

:

**INSTITUTION TO REGISTER**

**Graduate School / Faculty /**

:

**Vocational School**

**Department / Program**

:

**Date of Registration:**

:

**I declare that the above identity, address and contact information belong to me while I am a student. I request that all notifications to be made by your institution to my contact addresses. I will report any change of address and other contact information to the Student Affairs Directorate within 1 week at the latest. I understand that, if I do not inform the directorate about the changes, the address I first declared will be valid for the notifications to be made. I accept in advance that I will be responsible for any problems that may occur due to the lack of access.**

**Date: ...../...../.....**

**Signature:**