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Candidate Address Change/Correction Form

RCME Number: _____

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yy): ___ / ___ / ___

New Address:

Street: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone Number: (____) _____

Home Phone Number: (____) _____

Email: _____

Previous Address: _____

Please fax or mail this form to The Royal Conservatory Examinations