



Moving notification

Important notice:

This form is only relevant for you if you are **currently a member** of AG DSN.

Otherwise please fill in **the membership application twice and, if you want network access, the form 'Access to additional services of AG DSN' once** instead!

I hereby inform the AG DSN about a change of my address.

Desired date of processing: immediately _____

Full name: _____ (first and last name)

My user-ID is: _____ (for Hochschulstraße: username)

Date of birth (yyyy-mm-dd): _____ - _____ - _____

Until now I have

- lived in the dormitory Hochschulstraße.
- lived in another dormitory where the network is run by AG DSN.
- not** lived in any dormitory where the network is run by AG DSN.

If you move into a dormitory mentioned above and want to access the network, please fill in **the form 'Access to additional services of AG DSN' once!**

My new address is:

fill in **only** if you do live in a dormitory

fill in **only** if you do **not** live in a dormitory

Dormitory/House: _____

Street, No.: _____

Room: _____

Postalcode: _____

At your new location some of the services offered by AG DSN might not be available to you, or your login might have to be changed. If this should be the case, we will inform you about the changes via email or letter.

Location, date: _____

Signature: _____