

CHANGE OF ADDRESS FORM

Please complete and return to the Registrar's Office

Name _____ ID# _____

SS# XXX-XX-_____ Signature _____

Date _____

This change of address applies to the following:

- Permanent Home Address
- Billing Address (may not include campus address)
- Local Address (commuter student)

Please complete the following:

Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone (include area code) _____

Home Phone (include area code) _____

Additional Phone Number (include area code) _____

Name (s) authorized access to financial and billing records maintained at the Business Office:
(This information is required if you are changing your billing address.)

1 _____

2 _____

Notes

FOR OFFICE USE ONLY

Entered Computer ____/____/____ Initials _____