



CHANGE OF ADDRESS REQUEST
OFFICE OF THE REGISTRAR

Please allow 3-5 business days for processing.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or registrar@fsouthern.edu.

CURRENT INFORMATION: Fill out completely.

Name: _____ ID#: _____

FSC: Resident / Commuter / Off-Campus Housing SS#: XXX-XX-_____

FSC Mocs Email: _____

Cell Phone: (____)_____-_____- Home Phone: (____)_____-_____

____ Please complete the following changes to my PERMANENT HOME ADDRESS:

____ This information should be updated on my parent/guardians information as well (if applicable).

Street Address: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

____ Please complete the following changes to my BILLING ADDRESS: ____ SAME AS ABOVE

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

____ Please complete the following changes to my COLLEGE ADDRESS (Off-Campus):

Street Address: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

SIGNATURE: _____ **DATE:** _____

Notes:
