

OFFICE OF THE REGISTRAR

ADDRESS CHANGE FORM

NAME _____ Student ID No. _____

NEW LOCAL ADDRESS:

(Street)

(City, State, Zip)

() (Telephone)

NEW MAILING ADDRESS:

(Street)

(City, State, Zip)

() (Telephone)

(Official University documents are sent to the Mailing Address)

ATTENTION: YOU MAY NOT USE A CAMPUS BOX OR RESIDENCE HALLS FOR PERMANENT OR LOCAL ADDRESSES. EMERALD HILLS APARTMENTS MAY BE USED FOR LOCAL ADDRESS ONLY.

Signature
(Requests cannot be processed without your signature)

Date