

OFFICE OF THE REGISTRAR

Address Change Form

Please complete this form and sign below. Turn in the completed form to the Registrar's Office.

Student Name (Last, First) _____ Student ID# _____

Current Address

Street _____

City _____ State _____ Zip Code _____

Country _____ Phone Number _____

New Address

Street _____

City _____ State _____ Zip Code _____

Country _____ Phone Number _____

Address Type Billing Home Local

Student Signature _____ Date to Take Effect _____