Change of Student Address Form

Please complete and return to the above address or return to the Enrollment Services Center, room 101.

Please print clearly:

Student’s Name and ID:

________________________  ______________________  __________________________
          Last            First          MI          Student ID

ADDRESS CHANGE

I would like my mail sent to my: __________ permanent address  __________ local address

_____ PERMANENT ADDRESS

Street/Postal Address       City       State       Zip

________________________/________________________
Day Phone      Evening Phone

E-Mail Address

_____ LOCAL ADDRESS (If different from permanent address)

Street/Postal Address       City       State       Zip

________________________/________________________
Day Phone      Evening Phone

E-Mail Address

SIGNATURE ___________________________________________ DATE ______________________

Office Use only: Entered on ___________ Initial ___________

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