

CHANGE OF ADDRESS

PLEASE PRINT

Please fill in your name and ID number or, the last 4 digits only of your social security number. Provide the new address and submit the completed form to the Registrar's Office, 101 Brigham Hall.

Student Name: _____
LAST FIRST MIDDLE

ID# or (SS# last 4 digits only)									
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LOCAL ADDRESS: (Off-campus only – [ALL Residence Hall addresses go to the Housing Office.](#))

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____ County: _____

HOME ADDRESS: (Initial Billings are sent here unless you have a billing address on file with Cashiers.)

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____ County: _____

OTHER: (Check one)

Billing Parent Guardian Spouse

Last Name: _____ First Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____ County: _____

