



Change of Address or Contact Information

Student Name _____ Student ID _____

If Student ID not known provide both: Last 4-digits SSN _____ Date of Birth _____

Complete sections below as needed to update contact information

New Permanent Address (this is the address for your primary residence)

Street Address _____

Apartment # _____

City _____ State _____ Zip _____

New Mailing Address - Check here → if same as new address above

Street Address or PO Box _____

Apartment # _____

City _____ State _____ Zip _____

New Phone Number(s)

Home Phone _____ Cell Phone _____

Signature (required) _____ Date _____

For Office of the Registrar - Student Records Use Only

Processed by _____ Date _____