

Change of Address Form

PLEASE PRINT CLEARLY

| PERSONAL INFORMATION | | |
|--|----------------------------|--|
| Title: (circle one) Mr. / Ms. | Name: (Last, First, M.I) | Student ID #: N _____ |
| Expected Graduation Date: (matriculated students only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____ | | Actual Graduation Date: (non-matriculated students only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____ |
| Local Phone No.: () | Business Phone No.: () | E-mail: |

| NEW LOCAL ADDRESS (for all correspondence <u>prior</u> to graduation) | |
|---|-----------------------------------|
| | |
| | |
| | |
| New Local Phone No.: () | Effective Date: ____/____/____ |

| NEW PERMANENT ADDRESS (for all correspondence <u>after</u> graduation) | |
|--|-----------------------------------|
| | |
| | |
| | |
| New Permanent Phone No.: () | Effective Date: ____/____/____ |

Student's Signature: _____

Date: _____

| OFFICE USE ONLY | |
|-----------------|-----------|
| Date: | Initials: |