



Change of Address Form

Social Security Number

Name (Please Print)

____ - ____ - _____
(Last) (First) (Middle)

Effective Date of New Address

____ - ____ - ____
Month Day Year

Please Note:

If your permanent home address changes to an out-of-state address, your residency will be changed to **out-of-state** and you will be billed accordingly.

Changing your address to in-state **does not** automatically change your residency to in-state.

Billing Address

Street _____

Street _____
(use if address exceeds one line)

City _____ State _____ Zip Code _____

Telephone _____ / _____ Country _____

Local Mailing Address

Street _____

Street _____
(use if address exceeds one line)

City _____ State _____ Zip Code _____

Telephone _____ / _____ Country _____

Permanent Home Address

Street _____

Street _____
(use if address exceeds one line)

City _____ State _____ Zip Code _____

Telephone _____ / _____ Country _____

Person to notify in case of emergency:

Relationship

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: () _____

Note: Please return the completed form to the Office of Admissions and Records, Bldg. 273, Campus Box 1111, by folding, addressing and placing in campus mail.

For Office Use Only:

_____ Student Affairs

_____ Admissions & Records