



CHANGE OF ADDRESS FORM

This form must be completed by the student and submitted to the Office of the Registrar for processing.

Effective Date: _____

STUDENT NAME: _____

STUDENT ID: _____

NEW Address: _____

NEW Phone Number: _____

OLD Address: _____

OLD Phone Number: _____

Please provide contact information for your parents/legal guardians.

Name: _____

NEW Address: _____

OLD Address: _____

If both parents do not reside at the same address, please give current information of the parent not listed.

Name: _____

Address: _____

Signature: _____

Date: _____

<i>Office of the Registrar</i>

<i>Date Received</i>

<i>Date Processed</i>

<i>Signature</i>
