



OFFICE THE REGISTRAR
REQUEST FOR CHANGE OF ADDRESS FORM

Student Name: _____

Social Security or Student ID Number: _____

Permanent Mailing Address (New or Current): **must be home address*

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Street/P.O. Box

Apt.#

State

Zip Code

Is this a new address? Yes No *(If 'yes', please report the old address below)*

**A permanent address is always required from the student when submitting this application.*

Old Permanent Address: *(only needed if you are requesting a change of permanent address)*

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Street/P.O. Box

Apt.#

State

Zip Code

Local and/or Cell phone Number: () _____

Local or Residence Hall Mailing Address: *(your on-campus address)*

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Street/P.O. Box

Apt.#

State

Zip Code

Instruction to the Staff:

1. Submit to the Registrar's Office for processing
2. This form always requires a permanent address even if the student is only changing the local address
3. If the permanent address is the same as the local address, there is no need for an additional local address.
4. A permanent address can never be a residence hall address

Registrar's Office

Date Received: _____

Processed by: _____

Date student notified: _____