

**Change of Address**

STUDENT ID# \_\_\_\_\_

Mr.  Ms.  \_\_\_\_\_  
LAST FIRST MI

CHECK DIVISION:  Undergraduate  Graduate

CHECK ONE STATUS:  Matriculated  Non degree  Permit

CURRENTLY ENROLLED:  Yes  No If not, Last date of attendance: \_\_\_\_\_

If Graduated, Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

Old Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

New Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

In An Emergency Notify:

Mr.  Ms.  \_\_\_\_\_  
LAST FIRST

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Post Office box numbers are **not** acceptable

ARE YOU RECEIVING FINANCIAL AID OR LOANS:  YES  NO

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Office: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Office: \_\_\_\_\_