

Office of Records and Registration
Cook Administration Building
Room 128
773/995-2517

CHANGE OF ADDRESS/TELEPHONE NUMBER

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____

Social Security Number: _____ - _____ - _____

E-mail Address: _____

Please check the appropriate box(es) below.

NEW ADDRESS(es):

Permanent Address: _____
Street/Route Apt. #

City State Zip County

Mailing Address: _____
Street/Route Apt. #

City State Zip County

Residence Hall: _____
Street/Route Apt.#

City State Zip County

NEW TELEPHONE NUMBER(s):

Permanent: () _____ - _____

Residence Hall: () _____ - _____

Daytime: () _____ - _____

Evening: () _____ - _____

Student's Signature: _____ Date: _____

I.D. Verified by: _____ Office Use Only C.S.U. I.D. _____ Driver's License: _____

Date Received: _____ Date Processed: _____ By: _____