

## 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: \_\_\_\_\_

Date Received: \_\_\_\_\_ Office Use Only  
Date Processed: \_\_\_\_\_ By: \_\_\_\_\_