

# Address Change

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## NEW STUDENT ADDRESS:

Is this update for your Off Campus Address only? YES / NO (circle one)

Is this update for your Legal / Permanent / Home Address only? YES / NO (circle one)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Do you need to update your Mobile Phone? YES / NO (circle one)

If yes \_\_\_\_\_

## PARENT / GUARDIAN UPDATE:

Does this address update affect your Primary Parent / Guardian? YES / NO (circle one)

If Yes (Name) \_\_\_\_\_

Does this address update affect your Secondary Parent / Guardian? YES / NO (circle one)

If Yes (Name) \_\_\_\_\_

### Primary Parent / Guardian

### Secondary Parent / Guardian

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Country \_\_\_\_\_

New Mobile Phone? YES / NO (circle one)

New Mobile Phone? YES / NO (circle one)

If Yes \_\_\_\_\_

If Yes \_\_\_\_\_

I understand that this address change will be in effect until I notify the Registrar's Office of further address changes.  
I understand that grades, transcripts, and bills will be sent to my Legal/Home/Permanent Address.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**ANSWER ALL QUESTIONS BEFORE SUBMITTING FORM**  
**Please return form to the Registrar's Office.**