

CHANGE OF ADDRESS FORM

Name _____ Date _____

SS OR ID # _____ Major _____ Status _____

Student's Signature _____
(Student must go to Payroll for W2 Forms in person)

1. Home Address Change

Street Address _____ Apt. No. _____

City, State, Zip Code _____

Telephone No. _____ Cell Phone No. _____

E-mail Address: _____

***THIS WILL BE THE PREFERRED ALL MAIL DELIVERY ADDRESS**

2. Local Off-Campus Address Change

Street Address _____ Apt. No. _____

City, State, Zip Code _____

Telephone No. _____ Cell Phone No. _____

E-mail Address: _____

***IS THIS THE PREFERRED DELIVERY ADDRESS FOR ALL MAIL ?** _____

Office Use Only

Entered By: _____ Date: _____

Distribution List VIA E-Mail

___ Health Center

___ Library

___ Post Office

___ Dept. Chair Advisor

___ Perkins Loan Office

___ Financial Aid Office