

ADDRESS/TELEPHONE NUMBER CHANGE FORM

Name _____

Student ID # (SSN) _____

Student classification: Undergraduate
 Graduate
 Law

New address _____
Street City State Zip

This change is for (check all that apply): Permanent address Telephone number change only
 Local address
 Employer address
 Billing address
 Address of person to notify in case of emergency
(specify your relationship to that person)

Previous address _____
Street City State Zip

Telephone _____
Local Permanent

Please fill out your previous address, even if you are only changing your telephone number. If there are any questions when this is processed, we will telephone you at the phone number(s) you have provided above.

Signature

Date

OFFICIAL USE ONLY

Verification Information

In Person

I.D. card verified by _____ *Date received:* _____

By Telephone

Call taken by _____ *Date entered:* _____

Major _____ *By:* _____

Date of birth _____ *Residency letter sent on* _____

Name of person to notify in case of emergency
