

Change of Address Form

PLEASE PRINT CLEARLY

PERSONAL INFORMATION		
Title: (circle one) Mr. / Ms.	Name: (Last, First, M.I)	Student ID #: N _____
Expected Graduation Date: (matriculated students only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____		Actual Graduation Date: (non-matriculated students only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____
Local Phone No.: ()	Business Phone No.: ()	E-mail:

NEW LOCAL ADDRESS (for all correspondence <u>prior</u> to graduation)	
New Local Phone No.: ()	Effective Date: ____/____/____

NEW PERMANENT ADDRESS (for all correspondence <u>after</u> graduation)	
New Permanent Phone No.: ()	Effective Date: ____/____/____

Student's Signature: _____

Date: _____

OFFICE USE ONLY

Date:

Initials: