# Change of Address Form

## Personal Information

<table>
<thead>
<tr>
<th>Title: (circle one)</th>
<th>Name: (Last, First, M.I)</th>
<th>Student ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. / Ms.</td>
<td>N ___ ___ ___ ___ ___ ___</td>
<td></td>
</tr>
</tbody>
</table>

**Expected Graduation Date:** (matriculated students only)  
- ☐ September  
- ☐ January  
- ☐ May  
- **Year:** ________

**Local Phone No.:** ( )

**Business Phone No.:** ( )

**New Local Phone No.:** ( )  

**Effective Date:** ___ ___/___ ___/___ ___

## New Local Address

(for all correspondence prior to graduation)

**Actual Graduation Date:** (non-matriculated students only)  
- ☐ September  
- ☐ January  
- ☐ May  
- **Year:** ________

**E-mail:**

**New Permanent Address**  
(for all correspondence after graduation)

**New Permanent Phone No.:** ( )  

**Effective Date:** ___ ___/___ ___/___ ___

## Student's Signature and Date

**Student’s Signature:** ____________________________  
**Date:** ______________