



# Change of Address Form

Student    Staff

(Please Print)

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

**Previous Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_

City

State

Zip Code

**New Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_

City

State

Zip Code

**Alternate Email:** \_\_\_\_\_

**Home #:** (\_\_\_\_) \_\_\_\_\_   **Cell #:** (\_\_\_\_) \_\_\_\_\_   **Business #:** (\_\_\_\_) \_\_\_\_\_

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**Office Use Only**

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_