



**Address Change Form**  
**Office of Student Records**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(please print)

New Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(street address or box no.)

\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(city, state, zip)

Current Email: \_\_\_\_\_

Old Address: \_\_\_\_\_  
(street address or box no.)

\_\_\_\_\_

(city, state, zip)

P/G/S Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(name)

- Parent

- Guardian

- Spouse

(circle one)

\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(street address or box no.)

\_\_\_\_\_

(city, state, zip)

P/G/S Email: \_\_\_\_\_