

STUDENT NAME \_\_\_\_\_

DATE:

	LAST					FIRST							
STUDENT I.D.	9												

## CHANGE OF ADDRESS FORM

In order to contact you when necessary, the University needs accurate address information. Please make any necessary corrections in the proper block(s) below. Thank you for your cooperation in helping us update our files.  
*We require any requests for change of address in writing for security reasons.*

**LOCAL (CM)** Where you will be living during the semester; Granite Square Station mailboxes must be changed at MUB Mail Center, Residence hall changes must be made at Housing located in Pettee House)

STREET: \_\_\_\_\_

LOCAL TELEPHONE:    -    -

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

**PERMANENT (PM)** (Where you will live when not in school; grades and bills are sent here)

STREET: \_\_\_\_\_

PERMANENT TELEPHONE:    -    -

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

**PARENT 1 (P1)** (Where newsletters, general information, etc. are sent)

STREET: \_\_\_\_\_

PARENT 1 TELEPHONE:    -    -

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

**PARENT 2 (P2)** (Where newsletters, general information, etc. are sent)

STREET: \_\_\_\_\_

PARENT 2 TELEPHONE:    -    -

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**