

STUDENT NAME _____

DATE:

STUDENT I.D. - - M.

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)

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