

CHANGE OF ADDRESS

SOCIAL SECURITY NUMBER									

NAME: _____
LAST FIRST MIDDLE

COMPLETE ONLY THOSE AREAS WHICH HAVE CHANGED

**LOCAL
OFF-CAMPUS
ADDRESS**

STREET: Line One									
STREET: Line Two									
CITY					STATE		ZIP CODE		
LOCAL TELEPHONE NUMBER					BUSINESS TELEPHONE NUMBER				

IF LOCAL ADDRESS IS SAME AS PERMANENT ADDRESS, CHECK THIS BOX

**PERMANENT
ADDRESS**

STREET: Line One									
STREET: Line Two									
CITY					STATE		ZIP CODE		
TELEPHONE NUMBER					COUNTRY: _____				

(Complete if country is other than U.S.. Leave state and zip code blank.)

IF NEXT OF KIN ADDRESS IS SAME AS PERMANENT, CHECK THIS BOX

**NEXT OF KIN
OR
PERSON TO BE
NOTIFIED IN
CASE OF
EMERGENCY**

LAST NAME (comma/space)	FIRST NAME (comma/space)	MIDDLE (comma/space)	SUFFIX			
RELATION	<input type="checkbox"/> SPOUSE <small>SP</small>	<input type="checkbox"/> FATHER <small>FA</small>	<input type="checkbox"/> MOTHER <small>MO</small>	<input type="checkbox"/> PARENTS <small>PA</small>	<input type="checkbox"/> GUARDIAN <small>GU</small>	<input type="checkbox"/> OTHER <small>OT</small>
<small>Specify Other</small>						
STREET: Line One						
STREET: Line Two						
CITY			STATE		ZIP CODE	
TELEPHONE NUMBER			COUNTRY: _____			

(Complete if country is other than U.S.. Leave state and zip code blank.)

TODAY'S DATE

EFFECTIVE DATE

STUDENT'S SIGNATURE