

**Change of Mailing Address Request
Form**

STUDENT INFORMATION (please print)

Last Name: _____ First Name: _____

Student ID Number: _____ Expected Graduation Date: _____

Phone Number: _____ E-mail Address: _____

I authorize the change to my permanent mailing address:

Student Signature: _____ Date: _____

Please provide your updated mailing address information:

NEW Mailing Address: _____

City: _____ State: _____ Zip Code: _____

NEW Phone Number (if applicable): _____

Additional Notes: _____

OFFICE OF ACADEMIC RECORDS USE ONLY:

Date Form Received: _____ OAR Staff: _____

Date Form Processed: _____ OAR Staff: _____