HOFSTRA UNIVERSITY
MAURICE A. DEANE SCHOOL OF LAW

Office of Academic Records and Registrar
126 Hofstra University
Memorial Hall, Room 207
Hempstead NY 11549

T: 516-463-5917
F: 516-463-6421
lawoar@hofstra.edu

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:_____