



# Change of Address

## 453.16

**Instructions:** This form is to be used by students who wish to change their address information in the student information system database. Please print and submit completed form with all signatures to the Student Services Office. **You will be required to show ID when submitting the form.**

**Please Print Clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number (last 5 digits): \_\_\_\_\_

**Please update all addresses that apply:**

**Billing Address (MUST be student's local address at which s/he resides. Cannot be parent or guardian):**

Address 1 (include apartment #):	Phone 1:
	Phone 2:
City:	Work Phone:
State:	Mobile Phone:
Zip Code:	Email 1:
County:	Email 2:
Country:	Email 3:

**Home Address (Permanent / Parent):**     Same as billing.

Address 1 (include apartment #):	Phone 1:
	Phone 2:
City:	Work Phone:
State:	Mobile Phone:
Zip Code:	Email 1:
County:	Email 2:
Country:	Email 3:

**Local Address:**     Same as billing.

Address 1 (include apartment #):	Phone 1:
	Phone 2:
City:	Work Phone:
State:	Mobile Phone:
Zip Code:	Email 1:
County:	Email 2:
Country:	Email 3:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY

**Student Services Office:** Date Received: \_\_\_\_\_ Entered in CAMS: \_\_\_\_\_