



# 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 Registrar's Office. **You will be required to show ID when submitting the form.**

**Please Print Clearly:**

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

Student ID Number: \_\_\_\_\_

**Please update all addresses that apply:**

**Billing Address:**

Address 1:	Phone 1:
Address 2:	Phone 2:
City:	Work Phone:
State:	Mobile Phone:
Zip Code:	Email 1:
County:	Email 2:
Country:	Email 3:

**Home Address:**  Same as billing.

Address 1:	Phone 1:
Address 2:	Phone 2:
City:	Work Phone:
State:	Mobile Phone:
Zip Code:	Email 1:
County:	Email 2:
Country:	Email 3:

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

OFFICE USE ONLY

**Registrar's Office:** Date Received: \_\_\_\_\_ Entered in SONIS: \_\_\_\_\_