

Student Information

Full Name

Student ID

Email Address

Phone Number

Previous Address

Street Address

City

State

ZIP Code

New Address

Street Address

City

State

ZIP Code

Effective Date of Address Change

☐ Immediate ☐ Future Date _____

Reason for Address Change (Optional)

☐ Relocation ☐ Family Move ☐ Off-Campus Housing Change ☐ Other (Please specify) _____

Emergency Contact Update (If Applicable)

Contact Name

Relationship

Phone Number

Address

Student Consent: I confirm that the information provided above is accurate and up to date. I understand that this change will be reflected in my student records and used for official university correspondence.

Signature

Date

Office Use Only

Processed by

Date

Comments