



CHANGE OF INFORMATION FORM

Please Print.

Name: _____

Student ID # or SSN: _____ Today's Date: _____

CHANGE OF ADDRESS INFORMATION

Proof of residency is required (utility bill, voter registration card, or driver's license) if a change of address results in a difference in residency rates. If using a P.O. Box for a mailing address, a residency address and proof of residency is required. To qualify for a tuition adjustment for a given semester, proof of residency must be submitted before the first day of that semester.

NEW INFORMATION: ONLY complete the sections that need to be updated.

First Name: _____ Last Name: _____

Residential Address: _____
Street Address

_____ City State ZIP Code

Mailing Address: _____
Street Address / P.O. BOX

_____ City State ZIP Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ SSN: _____

Emergency Contact Name(s): _____

Emergency Contact Number(s): _____

BUSINESS USE ONLY

Completed By: _____ Date: _____

Proof of Residency Provided: YES NO (RS Restriction)