

# CHANGE OF ADDRESS FORM

Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Home Address-  
Preferred Mailing**

The **off-campus** address where you want to receive your mail. All mail sent off campus will be sent to this address, including student employee W-2 tax forms.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please list residents at  
this address: \_\_\_\_\_

**Parent Address**

Only provide if **different** from Home Address.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please list residents at  
this address: \_\_\_\_\_

**Billing Address-  
Accounts Receivable**

Only provide this address to specifically request that the Business Office send billing statements to an address other than your Home Address.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City – State – Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_