

In order for your record to be updated, return this form to the Student Records & Transcripts/Site Office.

ID#: _____ Program: Day Evening Online Nationwide, give location code: _____

Name: (last, first middle) _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Date address change is effective: _____

Check all that apply:

- Please update my records and mail my final grades and all bills to the above address.
- This is a parent(s)/guardian(s) address change.
- This is a local address change.
- I am a student worker, staff or faculty. *(Change must be processed by the Payroll Office.)*

signature

date