



Change of Address Form

Please complete this form and return it to your local campus, or to the Enrollment Service Center located in MOH 205. You can also send this form to the Office of the Registrar – Student Records, 1001 Rogers Street, Columbia, Missouri 65216 (email: studentrecords@ccis.edu; fax: (573) 875-7436).

NOTE: You can also update your address online at <http://cougartrack.ccis.edu>

Student ID: _____ Program: Day Evening Nationwide (specify location): _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ County: _____ State: _____ Zip _____

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:** _____