

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, 1001 Rogers Street, Columbia, Missouri 65216 (email: studentrecords@ccis.edu; fax: (573) 875-7436). Emailed forms must be sent from your CougarMail account.

NOTE: You can also update your address online at <http://cougartrack.ccis.edu> . In the Forms menu, select Address Change form.

Student ID: _____ Program: Day Evening Nationwide Online _____

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

Physical Address (cannot be a P.O. Box): _____

City: _____ County: _____ State: _____ Zip _____

If you would like to provide a separate mailing address, please provide below.

Mailing address: _____

City: _____ County: _____ State: _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date address change is effective: _____

Check all that apply:

- This is a parent(s)/guardian(s) address change.
- I am a student worker, staff, or faculty (*change must be processed by the Payroll Office*).

Signature: _____ **Date:** _____