

ADDRESS CHANGE REQUEST

LIST NEW ADDRESS BELOW:

Student ID#:	Are you on an F1 or J1 VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:	First:	Middle Initial:
Check all that apply: <input type="checkbox"/> Permanent <input type="checkbox"/> Home <input type="checkbox"/> Mailing		
Street Address:		
City:	State:	Zip Code:
Country (if not in the US):		
Phone Number: ()	Email Address:	

Graduation Check and Diploma Information

Do you have a graduation check on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next two lines below:
<ul style="list-style-type: none"> • For which term? <input type="checkbox"/> Winter (Mar) <input type="checkbox"/> Spring (June) <input type="checkbox"/> Summer (Sept) <input type="checkbox"/> Fall (Dec) Year _____ • Would you like your diploma address changed to this new address? <input type="checkbox"/> Yes <input type="checkbox"/> No

➡ **Student's Signature:** _____ **Date:** _____

Office Use Only: By _____ Date _____ Grad Check/Diploma _____ addchg/0317bl