Address Change Form for Students

Please check the appropriate box: Student ________ Student Employee ________

Name ____________________________________________________________________________________
Last First Middle

Campus Wide Identification Number (CWID) ______________________________________________________

Student’s LOCAL Mailing Address

NOTE: Checks are mailed to the student’s local address if available, if not, then checks are mailed to the student’s permanent address. A Student Employee must also change his/her address in the Office of Student Employment for Work Study Checks.

Street or P.O. Box ___________________________________________________________________________

Apartment Number __________________________

City _______________________________________ State _____________ Zip Code _______________

Working Telephone Number ___(____________)____________________________________________________

Student’s PERMANENT Mailing Address

NOTE: Checks are mailed to the student’s local address if available, if not, then checks are mailed to the student’s permanent address.

Street or P.O. Box ___________________________________________________________________________

Apartment Number __________________________

City _______________________________________ State _____________ Zip Code _______________

Working Telephone Number ___(____________)____________________________________________________

______________________________________________  _________________________
Student’s Signature (Required)                                      Date