

## CHANGE OF ADDRESS

1. Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last, First, Maiden or Middle on Back of ID Card

2. Social Security # \_\_\_\_\_

3. Other Names that May Appear on Academic Records

\_\_\_\_\_  
Last, First, Maiden or Middle

\_\_\_\_\_  
Last, First, Maiden or Middle

4. Contact Information ( ) ( ) \_\_\_\_\_  
Daytime phone Evening phone Email

5. School Attended  Allied Health Professions  Dentistry  Graduate Studies  
 Medicine  Nursing  Public Health

6. Indicate Type(s) of Address Change  Legal  Mailing  Home

### Old Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

### Current (New) Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

> > > > > Your Signature Is Required. < < < < <

Signature \_\_\_\_\_ Effective Date \_\_\_\_\_