



## CHANGE OF ADDRESS FORM

*Please PRINT information clearly.*

To receive information in a timely manner, you are responsible for maintaining your address.

<b>ID NUMBER #</b>	
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<b>YOUR NAME</b>			
	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>

<b>ARE YOU CURRENTLY ENROLLED?</b>		
	<b>YES</b>	<b>NO</b>

**PERMANENT UNITED STATES ADDRESS**

DO NOT USE A FOREIGN ADDRESS HERE.

<b>ADDRESS</b>	<b>APT#</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>	<b>E-MAIL</b>	

**LOCAL UNITED STATES ADDRESS**

IF DIFFERENT FROM YOUR PERMANENT ADDRESS.

<b>ADDRESS</b>	<b>APT#</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>	<b>E-MAIL</b>	

**OTHER ADDRESS**

i.e. – FOREIGN ADDRESS

<b>ADDRESS</b>	<b>APT#</b>	
<b>CITY</b>	<b>COUNTRY</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>		

<b>SIGN HERE</b>	<b>TODAY'S DATE:</b>
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