

Please print clearly

Name _____
Last First Middle

Name used when enrolled (if different) _____

Student ID# (or social security number) _____ Date of Birth _____
Month / Day / Year

Previous Address

Street

City State Zip Country

This change applies to _____ Permanent Physical Address _____ Permanent Mailing Address _____ Billing Address
(check all that apply)
_____ Temporary or Seasonal Address (from _____ to _____)
Month / Day / Year Month / Day / Year

New Address

Street

City State Zip Country

Home Phone _____ E-mail Address _____

If not immediately, when does this address change become effective? _____
Month / Day / Year

If this change of address applies to any other individuals (parents, step-parents, siblings, etc.) please list their names here:

Student Signature _____ Date _____

All address changes require an original signature of the student. Forms without a signature will not be processed.

Return your completed request in person, by mail, or by fax to:
Office of the University Registrar
735 University Avenue
Sewanee, TN 37383-1000
FAX: (931) 598-1894

For Office Use Only
Date Processed: _____
Initials: _____