

**REQUEST FOR CHANGE OF INFORMATION**

STUDENT INFORMATION

Full Name: _____
Name when enrolled (if different): _____ Date of Birth: _____
Email Address: _____@sewanee.edu Banner ID#: B00_____

**Previous Address:**

\_\_\_\_\_  
Street

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

**New Address:**

\_\_\_\_\_  
Street

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

This change applies to (select all that apply):

- Permanent Physical Address  Permanent Mailing Address  Billing Address
- Temporary or Seasonal Address  (from date: \_\_\_\_\_ to date: \_\_\_\_\_)

If not immediately, when does this change become effective: \_\_\_\_\_

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

\_\_\_\_\_

**I also need to change my phone number and/or email address (leave blank if not changing):**

Previous Phone Number: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

If this phone number change also applies to any other individuals (parents, step-parents, siblings, etc.), please list their names:

\_\_\_\_\_

Previous Email Address: \_\_\_\_\_ New Email Address: \_\_\_\_\_

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

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_