



## CHANGE OF INFORMATION FORM

Please Print.

NAME: \_\_\_\_\_

STUDENT ID or SSN: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**CHANGE OF ADDRESS INFORMATION**

Proof of residency is **required** (*utility bill, voter registration card, or driver's license*) if a change of address results in a difference in residency rates. If using a P.O. Box for a mailing address, a residency address and proof of residency is required.

To qualify for a tuition adjustment for a given semester, proof of residency must be submitted **before** the first day of that semester.

**NEW INFORMATION: ONLY complete the sections that need to be updated.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Street address

City

State

ZIP Code

Mailing Address: \_\_\_\_\_

If different from above

Street address / P.O. Box

City

State

ZIP Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your SSN (Social Security Card is required for verification): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number(s): \_\_\_\_\_

**Business Use Only**

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Proof of Residency Provided *(Circle One)*

YES

NO (RS Restriction)