



School of Graduate Studies

Student Address Change Form
NOT TO BE USED FOR NAME CHANGES

Please print neatly using a black or blue pen only. You must **complete** OLD information and NEW information. Incomplete forms will be returned to your department.

Please Print

Date: _____

Student name: _____

Student ID #: _____

Department: _____

Text

FOR GSBS USE ONLY

DATE REC'D BY GSBS

Date updated & initials

Old Information

Last name

First name Middle Initial

Address

City State Zip Code

Supplemental Address

Marital Status

Phone number

New Information

First Name _____

Last Name _____

Former Name _____

Address _____

City _____ State _____ Zip _____

Supplemental Address _____

Marital Status: Married Single

Phone number () _____

Email address: _____

Add'l email address _____

Student signature _____