Change of Address Form

Student's Name: ________________________________________________________________

Student ID #: __________________

Please check if applicable:  Two50Two Resident _____  Student Worker _____

Local Address:
*This address is only for emergency purposes. Mail is sent to Parent/Guardian or Permanent Address.

Address: ________________________________________________________________

City: ________________________ State: ___ Zip Code: ________________

Phone: ( ___ ) ________________

Parent/Guardian Address if Dependent:
*Complete if you are under the age of 24, not married, and/or do not claim dependents of your own.

Address: ________________________________________________________________

City: ________________________ State: ___ Zip Code: ________________

Phone: ( ___ ) ________________

Permanent Address if Independent:
*Only complete if over the age of 24, married, or claiming any dependents of your own.

Address: ________________________________________________________________

City: ________________________ State: ___ Zip Code: ________________

Phone: ( ___ ) ________________

Emergency Contact Information:

Name: ________________________________________________________________

Relationship: _________________ Phone: ( ___ ) ________________

Signature: __________________________________________________ Date: ________________

Office Use Only:

☐ Registrar's Office - Initial: _____  ☐ Financial Aid Office - Initial: _____
☐ Payroll - Initial: _____  ☐ Two50Two - Initial: _____