



**OFFICE OF THE REGISTRAR  
CHANGE OF ADDRESS FORM**

**STUDENT NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**I.D.#:**

| NEW LOCAL ADDRESS    |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| (Address)            |                      |                      |                      | (Apt.)               |
| (City)               |                      |                      | (State)              | (Zip)                |
| (Home Phone)         | (Cellular Phone)     | (Work Phone)         | (Start Date)         | (End Date)           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| NEW HOME ADDRESS (NOT DORM ADDRESS) |                      |                      |                      |                      |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|
| (Address)                           |                      |                      |                      | (Apt.)               |
| (City)                              |                      |                      | (State)              | (Zip)                |
| (Home Phone)                        | (Cellular Phone)     | (Work Phone)         | (Start Date)         | (End Date)           |
| <input type="text"/>                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**CHECK BOX BELOW WHERE YOU WOULD LIKE TO RECEIVE YOUR MAIL**

|                                  |                                       |                                      |
|----------------------------------|---------------------------------------|--------------------------------------|
| <b>PREFERRED MAILING ADDRESS</b> | <b>Local</b> <input type="checkbox"/> | <b>Home</b> <input type="checkbox"/> |
| <b>PREFERRED RESIDENCE</b>       | <b>Local</b> <input type="checkbox"/> | <b>Home</b> <input type="checkbox"/> |

| E-MAIL ADDRESS       |
|----------------------|
| <input type="text"/> |

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

This form may be returned to the Registrar's Office via EMAIL  
at: [LSRegistrar@stu.edu](mailto:LSRegistrar@stu.edu)

You may also update your address online using My Bobcat:  
([www.stu.edu/law/](http://www.stu.edu/law/))

**FOR REGISTRAR'S OFFICE USE ONLY**

DATA ENTRY BY: \_\_\_\_\_

POSTED DATE: \_\_\_\_\_