



**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			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"/>

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

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

Update your address online using MyBobcat/Self Service/Click on ID#

FOR REGISTRAR'S OFFICE USE ONLY

DATA ENTRY BY: _____

POSTED DATE: _____