



Request for Address Change:

Name: _____ Id: _____

New Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Effective Date of Change: _____

Information received by: Telephone: _____ In Person

Check All Relationships that change applies to:

Mother Father Siblings Step-Father Step-Mother Grandfather Grandmother

Others: _____

(Include First and Last Name)

All address changes should be turned in to the Office of Academic Records & Registration, Room 210, St. Benedict Hall. Upon receipt of the form, the office will notify the appropriate offices of the change.

Change Received by: _____ **Date:** _____

Update Made by: _____ **Date:** _____