

NORTH CAROLINA A&T STATE UNIVERSITY

Office Of The Registrar
1601 East Market Street
Greensboro, NC 27411



OFFICE (336) 334-7595 FAX (336) 334-7466

REQUEST FOR

CHANGE OF

ADDRESS

Banner ID# _____

First Name

Middle Name

Last Name

Home Phone

Cell Phone

Student's Signature: _____

Date: _____

Definitions of Address Types:

Mailing address: Off campus address where the student is currently receiving mail.

Campus Address: Address for students living on campus.

Home address: Student's permanent address.

Billing address: Address to which student bills will be sent, if different from the home and/or mailing address.

Address 1

Please print your current address and indicate by checking the appropriate box if it is a Home, Mailing, Campus or Billing address.

Address Type: (HO) Home Address (OC) Campus Address
 (MA) Mailing Address (BI) Billing Address

Address: _____

Address: _____

City, State Zip _____

Address 2

If alternate address is different from the one entered above, please print that address below and check the appropriate box.

Address Type: (HO) Home Address (OC) Campus Address
 (MA) Mailing Address (BI) Billing Address

Address: _____

Address: _____

City, State Zip _____

If you are employed by the University, you must also change your address in the Payroll Office.

Date Processed: _____

Request Processed By: _____