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: ________________________________

Revised 9-30-09