



**REQUEST FOR CHANGE IN ADDRESS**

Please check one or more (if applicable):

NEW STUDENT       FORMER STUDENT       EMPLOYEE  
 CURRENT STUDENT       ALUMNI

STUDENT ID (AU ID or SSN): \_\_\_\_\_

NAME: \_\_\_\_\_

**NEW OR CORRECTED INFORMATION:**

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PREVIOUS INFORMATION:**

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Signature**

**Date**

**FAX#: 972-279-9773**

**FOR OFFICE USE ONLY**

BUSINESS OFFICE:	INITIALS _____	DATE _____
ALUMNI:	INITIALS _____	DATE _____
RECORDS:	INITIALS _____	DATE _____
NSI:	INITIALS _____	DATE _____
REGISTRATION:	INITIALS _____	DATE _____