



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: _____

PREVIOUS INFORMATION:

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Work) _____

EMPLOYER NAME: _____

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 _____