REVISED: 8/5/96

STUDENT ADDRESS CHANGE

STUDENT ID: _____ DATE: _____

NAME: _____
(last) (first) (maiden or middle)

Please indicate the address to which mail from the law school and the university should be sent:
____ permanent address
____ local address

PERMANENT ADDRESS CHANGE:

Name: _____

Street
Address: _____

City & State: _____ Zip: _____

Telephone Number: _____

LOCAL ADDRESS CHANGE:

Address: _____

City/State: _____ Zip: _____

Telephone Number: _____

For Office Use Only:

Change processed: _____ Date: _____