REVISED: 8/5/96

STUDENT ADDRESS CHANGE

STUDENT ID:	DATE:	
NAME:(last)	(first)	(maiden or middle)
Please indicate the address to wh university should be sent: permanent address local address	ich mail fror	n the law school and the
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:	