



UNIVERSITY OF  
ST. FRANCIS

# REQUEST FOR CHANGE OF ADDRESS

Office of the Registrar

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Soc.# \_\_\_\_\_

I am officially requesting a change of my permanent address as recorded in my student record:

**NEW ADDRESS**

**FORMER ADDRESS**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Student's Signature