

CHANGE OF ADDRESS

Name _____ Date _____

Student ID # _____ and S.S.# _____

NEWADDRESS _____

Street _____

City State Zip _____

Home Phone # _____

Is this a temporary address? If so enter dates _____
(ALL, correspondence will go to this address) Start Date End Date

If not check off the appropriate address(s) below:

1. Local
2. Parent
3. Permanent (grades are sent to this address)
4. Billing (list name if other than student) _____