

OFFICE OF ACADEMIC RECORDS & REGISTRATION

Change of Address Form

Student ID #:

Name:

First, Middle Initial, Last

Previous Address

Street Address:

City:

State, Zip:

E-mail Address:

Phone Number:

New Address

Street Address:

City:

State, Zip:

E-mail Address:

Phone Number:

New Address Start Date:

Month:

Day:

Year:

New Address Type/s: Check ALL address types that apply to the new address:

Billing

Local

Employer

Permanent

Please sign and date this form, then drop off or mail to Academic Records & Registration.

NOTE

If you are a Regis College student changing only your on-campus address, fax this form to Student Life at 303-964-5530. If you have graduated, fax this form to the alumni office at 303-964-5423 or go to Update My Information on the Regis Alumni web site. If you are an employee and a student, fax this form to Human Resources at 303-964-5498.

Student's Signature _____

Date _____