

# Southwestern University

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## CHANGE OF ADDRESS

*PLEASE CLEARLY PRINT ALL INFORMATION*

*Student Information:*

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Student I.D. or SS#: \_\_\_\_\_ S.U. E-mail: \_\_\_\_\_

*Student's Local Address (if off Campus)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Parent/Guardian Permanent Home Address (your home address) \**

*\*All correspondence, grades and bills will go to this address unless otherwise indicated.*

Parent Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

*Other Parent/Guardian Address (if applicable)*

Parent Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Office of the Registrar • P.O. Box 770 • Georgetown, TX 78627*

*Phone: 512-863-1952 • Fax: 512-863-1685*

OFFICE USE ONLY:

*Distribution:*

Registrar's Office: [ ]

Alumni Office: [ ]

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

AdrChg.pdf, 6/30/05

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