

# Southwestern University

## 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:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*Other Parent/Guardian Address (if applicable)*

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

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

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

**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office of the Registrar • P.O. Box 770 • Georgetown, TX 78627  
Phone: 512-863-1952 • Fax: 512-863-1685*

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