



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

Request for Change of Address

Please print clearly.

Name: (F) _____ (MI) _____ (L) _____

ID Number: _____ Date of Birth: ___/___/_____

Please select the address type you are requesting to be changed:
 (Check as many as apply.)

my permanent home address my parent/guardian's address
 billing address my local address

New address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Day Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Student Signature: _____ Date: ___/___/_____

Office Use Only:	Date Received: _____	Entered by: _____	Date: _____
-------------------------	----------------------	-------------------	-------------