



**Office of the Registrar**  
**125 Michigan Avenue NE**  
**Washington DC 20017**  
202.884.9200 fax: 202.884.9210

## 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

New address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Registrar Use Only:**    Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_