

Address Change

Last Name: _____ ID # 987 - _____ - _____

First Name: _____

Important: All e-mail correspondence will be sent to your moore.edu account. Please complete and submit to the Registrar's Office for updating.

Local Address: _____

Telephone: Day (____) _____ Evening (____) _____

Effective Date: _____

Check if Billing address is the same as Local address above. If not, complete below.

Billing Address: _____

Telephone: Day (____) _____ Evening (____) _____

Effective Date: _____

I understand if I am a work study student, I must also notify Human Resources of any address changes.

Student Signature: _____ Date: _____

For Registrar's Office use only:

Entered by: _____

Date: _____