

Carroll University

Change of Address Request

Name _____
Last First Middle

Student ID _____ Date of Birth _____

Personal Email _____ Major/Program _____

Currently Enrolled? Yes No

Do you currently collect veteran's benefits? Yes No

Do you currently live on-campus? Yes No

I am requesting to change the following:

Local Address

From _____ to _____
Beginning Date *Ending Date*

Local address must have a definite start and end date

Address _____

City _____ State _____ ZIP _____

County _____ Phone Number () _____ - _____

Permanent Address

From _____
Beginning Date

Address _____

City _____ State _____ ZIP _____

County _____ Phone Number () _____ - _____

Student's Signature _____ Date _____