

# JACKSONVILLE

U N I V E R S I T Y

## Change of Address Form

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Student #: \_\_\_\_\_ SS #: \_\_\_\_\_

Student Status:  Current  Non Current  New  On-Line Nursing

### Check Type of Address/Telephone Change

Change All Addresses to this Address

OR

Permanent  Local  Billing  Parent  Non Custodial Parent

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Office # ( ) \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRAR'S USE ONLY:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_