

Alfred University

CHANGE OF ADDRESS

PLEASE PRINT OR TYPE

Student ID number	Name (last, first, middle)
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Temporary Address/Telephone - Effective Dates: From: _____ To: _____

Number and street	Phone	
City	State	Zip

Local Off-Campus Address/Telephone – Effective Dates: From: _____ To: _____

Number and street	Phone	
City	State	Zip

Permanent Address/Telephone – Effective Date: _____

Number and street	Phone	
City	State	Zip
Country (If not U.S.)		

Parent/Guardian Address/Telephone – Effective Date: _____

Check one: Primary Parent Address Secondary Parent Address

Name		
Number and street	Phone	
City	State	Zip
Country (If not U.S.)		

Student signature	Date
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OFFICE USE ONLY

Date Updated _____ by _____
