

# Alfred University

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## 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.)		

<b>Student signature</b>	Date
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OFFICE USE ONLY

Date Updated \_\_\_\_\_ by \_\_\_\_\_