

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: _____