

CHANGE OF ADDRESS REQUEST

Student ID: _____

SEMESTER: Spring _____ Summer _____ Fall _____

Last Name First Name Middle Initial

Email: _____@udc.edu Phone No.: (____) _____

Are you currently enrolled? ___ Yes ___ No

PERMANENT ADDRESS Street, City, State, Zip	
MAILING ADDRESS Street, City, State, Zip	
NEXT OF KIN (To be notified in case of emergency) Street, City, State, Zip, Phone #	

Student Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Received by: _____	Date Received: _____
Processed by: _____	Date Processed: _____