



ADDRESS CHANGE REQUEST

INSTRUCTIONS: Please complete all information on this form, attach a legible copy of a state or federal photo ID (ex: driver's license, passport, or military ID), sign and date the form. You may submit this form and the supporting documentation to our office in person, via postal mail, via scanned attachment in email, or via fax (see contact information above).

Name (last, first, middle) _____ Maiden Name _____

SSN or Student ID _____ Birthdate (MM/DD/YY) _____ Phone Number _____

Are you currently enrolled? Yes No If not, last semester of enrollment: _____

Permanent Address _____ Street Address _____ City, State, Zip _____ Province/Country _____

Email Address _____

IMPORTANT - Please ensure that the email address provided here is a private and reliable address to which you have access. We will enter this into the Student Self-Service as your new alternate email address.

Type of photo identification provided (attach a legible copy if not submitting in person):

- Driver's License (or other state-issued photo ID)
- Passport
- Military ID
- OSU ID
- Other (describe - ID must include an image of your signature)

Signature _____ Date _____

Deliver, mail or fax the completed, signed form to the Office of the Registrar. If mailed, allow five working days for the change to be completed.

Office Use Only	
Processed By: _____	Date: _____