

EMBRY-RIDDLE

Aeronautical University

Request for Change of Address

Office of the Registrar, DB Campus

Name: _____ Campus Box: _____
Last First MI

Student ID #: _____ Student Signature: _____ Date: _____

INSTRUCTIONS

Complete the appropriate section(s) below for requested change(s) and submit completed form to the Office of the Registrar. *NOTE: Changing an address with this form DOES NOT change Financial Aid or Billing addresses; please submit the new address(es) to the respective department(s).*

Permanent / Home	<p>Please change my Permanent / Home Address to the following:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE</p> <p><input type="checkbox"/> This is my preferred mailing address.</p>
Local	<p>Please change my Local Address to the following:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE</p> <p><input type="checkbox"/> This is my preferred mailing address.</p>