

ADDRESS CHANGE REQUEST FORM

NAME _____ CAMPUS ID # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE #_(____)_____ SIGNATURE _____ DATE _____

ADDRESS CHANGE IS FOR BILLING PERMANENT LOCAL

ADDITIONAL ADDRESS IF NEEDED

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

PHONE #_(____)_____ SIGNATURE _____ DATE _____

ADDRESS CHANGE IS FOR BILLING PERMANENT LOCAL

E-MAIL ADDRESS _____ @ _____



Instructions:

Please fill out form appropriately.
Please write legibly (PRINTING IS PREFERABLE).

How to submit your request?

By Mail:

Registrar's Office
ASU Station #10898
San Angelo, TX 76909

By Fax:

Attn: Registrar's Office
(325) 942-2553

You can also bring the completed form to the Registrar's Office located in the Hardeman Building, Room 101, located at 2625 West Avenue N.

Note: The area marked as "Additional Address if Needed" should be utilized if a second address is preferred for a separate billing, permanent, or local address.