Request For Change of Address

***PRINT ALL INFORMATION COMPLETELY AND LEGIBLY***

FOR CURRENT AND FORMER STUDENTS: Return this completed form to the EKU Office of the Registrar (Whitlock 239) or mail to, Office of the Registrar, Whitlock CPO 58, 521 Lancaster Avenue, Richmond, KY 40475-3158 or fax to (859) 622-6207.

Full Name: ____________________________________________

First Name: ____________________________________________

Middle Initial/Name: __________________________________

Last Name: ____________________________________________

ID Number: _________ - _________ - __________

Date of Birth: _________/ _________/ _________

Month Day Year

New Permanent Address: ____________________________________________

________________________________________________________________________

City: __________________________

State: ________________________

ZIP: _________________________

Area Code: (_______) _________

Phone: ______________________

Are you graduating this semester? Yes____ No____

If “Yes”, do you want your new Permanent Address to be your diploma mailing address? Yes____ No____

(If you do not indicate the new permanent address then your diploma will be mailed to the address you listed on your graduation application.)

Do you want your Mailing Address to be different from the address above? Yes____ No____

(if yes, complete section below)

New Local Mailing Address: ____________________________________________

________________________________________________________________________

City: __________________________

State: ________________________

ZIP: _________________________

Area Code: (_______) _________

Phone: ______________________

Should bills be sent to an address different than the New Permanent Address? Yes____ No____

(if yes, complete section below)

Billing Address: ____________________________________________

________________________________________________________________________

City: __________________________

State: ________________________

ZIP: _________________________

Area Code: (_______) _________

Phone: ______________________

Emergency Contact:

Name: ____________________________________________

Relation: ____________________________________________

(_______) _________

Area Code: _________

Phone: ______________________

Signature (required): ____________________________________________ Date: ______________________

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Office of the Registrar

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