

A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH

Request For Change of Address and/or Phone Number FOR CURRENT AND FORMER STUDENTS ***PRINT ALL INFORMATION COMPLETELY AND LEGIBLY***

Return this completed form to the

Office of the Registrar, Potter Hall, 2nd Floor, or mail, fax to address/fax listed at the bottom of this form.

Full Na	me:					
	First Name Mic		Middle Initial/Name		Last Name	
	Maiden/or Other Name	WKU ID:		Date of Birth: _	/_	/
Are you	u currently employed at W Resources, WAB G25.	KU? Yes	☐ No	If yes, request	your addre	ss change in
l am ma	aking a change to the follo	wing address(es):				
→	New Mailing/ Permanent Address:					
	_			()	
	-	City	State	Zip A	rea Code	Phone Number
→	New Local Address:					
	· -			()	
		City	State	Zip (rea Code	Phone Number
→	New Billing Address:					
				()	
	_	City	State	Zip A	rea Code	Phone Number
→	New Diploma Address:					
	_					
		City	State	Zip A	rea Code	Phone Number
	Changing one's address f ment purposes.	rom out-of-state t	o a Kentucky a	iddress does no	ot change i	esidency for fe
sin	gnature Required:				Date:	
Questi	ons regarding address/pho	one changes may be	directed to rea	istrar@wku.edu		evised: October 28, 201