



CHANGE OF ADDRESS FORM

Return to the Registration Department

2980 Collins Avenue • St. Augustine, FL 32084

FULL NAME _____ STUDENT ID# _____
Last First MI

NEW ADDRESS

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE Cell _____ Home _____

CHANGE APPLIES TO: *(check all that apply)*

- Local Address
- Permanent Address
- Parent Address
- Billing Address

NEW ALTERNATE EMAIL _____@_____

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY:

STAFF SIGNATURE _____ DATE _____