



CHANGE OF CONTACT INFORMATION

Submit 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
- Physical Address
- Emergency Address
- Mailing Address
- Mailing Address

NEW ALTERNATE EMAIL _____@_____

STUDENT SIGNATURE _____ DATE _____

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OFFICE USE ONLY:

STAFF SIGNATURE _____ DATE _____