



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

NEW ALTERNATE EMAIL _____@_____

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY:

STAFF SIGNATURE _____ DATE _____