

CHANGE OF ADDRESS FORM / NAME CHANGE FORM

Please PRINT/TYPE your name as it currently appears on y	our records:	
Last	First	Middle
NEW NAME:		
Last Name:	First :	Middle:
NEW ADDRESS:		
Street Address:		Apt #:
City:	County:	State: Zip:
Phone: (home)	(office)	(cell)
Please Select the New Address Type: Address Type (please check one or both): Permanent	Current (if selected,	all communication and refund checks will be mailed to this address
Signature:		Date:

PLEASE RETURN FORM TO: CHASE COLLEGE OF LAW REGISTRAR, 314 NUNN HALL, HIGHLAND HEIGHTS, KY 41099 or FAX TO 859/572-6624