CHANGE OF ADDRESS FORM

Salmon P. Chase College of Law
Northern Kentucky University

Please print your name and social security number AS IT CURRENTLY APPEARS ON YOUR RECORDS:

_____ _____

Last First Middle Social Security Number

PLEASE COMPLETE THE APPROPRIATE SECTIONS: PLEASE PRINT:

Name Change: _____

Last First Middle

Address Change: Address Type (please circle): Permanent/Official (P) Local/Informational (L) Billing (B)

_____

Street County

_____

City State Zip Code

Telephone Number Change: Telephone Type (please circle): Permanent (P) Local (L)

(home) _____ (office) _____ (cell) _____

_____ _____

Student Signature Date

P – official address for mailing items such as grades and tuition bills
L – informational address for mailing items such as registration confirmations, schedule requests and advising information
B – address for mailing tuition bills if different from permanent address

PLEASE RETURN FORM TO: CHASE COLLEGE OF LAW REGISTRAR, 317 NUNN HALL, HIGHLAND HEIGHTS, KY 41099 or FAX TO 859/572-6624.