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:  _____________________________________________________________________________________________________

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

__________________________________________________________________________________________________________________
Last       First    Middle
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.