ADDRESS CHANGE FORM

Return completed form to Rusk Bldg., Rm. 202 or SFA Post Office 13050

Printed Name:_____ **ID#**_____
LAST FIRST MIDDLE

Student Signature:_____ **SFA Box #** (if applicable) _____
(Please mark one) Box Closure is for:
Individual_____
Family _____

#1 ADDRESS

Mark only ONE option that applies to this address:

_____ Mailing (not SFA Box)
_____ Permanent
_____ Emergency Contact
_____ Diploma
_____ Permanently Close
SFA PO Box*
Start Date _____

_____
Street/Box/Apartment Number

_____
Town/City State Zip Code

_____
(Area Code) Phone Number

If updating Emergency Contact, list name here: _____

#2 ADDRESS (if different from #1)

Mark only ONE option that applies to this address:

_____ Mailing (not SFA Box)
_____ Permanent
_____ Emergency Contact
_____ Diploma
_____ Permanently Close
SFA PO Box*
Start Date _____

_____
Street/Box/Apartment Number

_____
Town/City State Zip Code

_____
(Area Code) Phone Number

If updating Emergency Contact, list name here: _____

#3 TEMPORARY ADDRESS (SFA P.O. Box Holders ONLY)

Mail forwarding address for Summer I and/or Summer II Sessions:

START DATE _____ END DATE_____
Notify SFA Post Office if indicated Start/End dates change

_____
Street/Box/Apartment Number

_____
Town/City State Zip Code

_____
(Area Code) Phone Number

******I acknowledge that I no longer live in University housing, and am relinquishing my SFA PO Box for reassignment.*

If you are currently employed or have been employed by SFASU, you must also contact the payroll office to change your address.

TO BE PRINTED AND RETURNED BY MAIL OR IN PERSON TO EITHER OF THE LOCATIONS AT THE TOP.

Updated 12/2011