ADDRESS CHANGE FORM

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

Printed Name:_____ ID#_____
LAST FIRST MIDDLE

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

#1 ADDRESS

Mark all options that apply to this address:

_____ Local
_____ Permanent
_____ Billing
_____ Emergency Notification
_____ Diploma
_____ Refund Checks
_____ Permanently Close
SFA PO Box*
Start Date _____

_____
Street/Box/Apartment Number

_____
Town/City State Zip Code

_____
(Area Code) Phone Number

#2 ADDRESS (if different from #1)

Mark all options that apply to this address:

_____ Local
_____ Permanent
_____ Billing
_____ Emergency Notification
_____ Diploma
_____ Refund Checks
_____ Permanently Close
SFA PO Box*
Start Date _____

_____
Street/Box/Apartment Number

_____
Town/City State Zip Code

_____
(Area Code) Phone Number

#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.