TRINITY UNIVERSITY
715 Stadium Drive
San Antonio, Texas 78212-7200

OFFICE OF THE REGISTRAR
Phone: 210-999-7201 Fax: 210-999-7202
E-Mail: ROFFICE@TRINITY.edu

ADDRESS CHANGE REQUEST

STUDENT NAME: _____ ID NUMBER: _____
PRINT Last First Middle

NEW HOME ADDRESS (Note: A campus box is not a valid home address):

STREET: _____ TELEPHONE:

CITY/ST: _____ (_____) - _____
ZIP+4

NEW LOCAL ADDRESS:

STREET: _____ TELEPHONE:

CITY/ST: _____ (_____) - _____
ZIP+4

NEW EMERGENCY NAME
(Normally Parent(s) or Spouse)

NAME: _____ TELEPHONE: (_____) - _____
Last First

RELATIONSHIP: [ ] Parents [ ] Father [ ] Guardian
[ ] Mother [ ] Spouse [ ] Other

PREFERRED PERMANENT MAILING ADDRESS
(Normally the Home Address for Undergraduates)

{CHECK ONE CHOICE ONLY}

[ ] LOCAL ADDRESS [ ] HOME ADDRESS

_____

STUDENT SIGNATURE: _____ **DATE**:_____