

CHANGE OF ADDRESS FORM

Please **PRINT** name as it appears on records.

Name _____
Last First Middle Maiden

Student Number _____ Date _____

If left blank, existing address information will remain.

1) Permanent Home:

_____ () -
No., Street, Apt. No. City State Zip Phone No.

2) Local Mailing:

_____ () -
No., Street, Apt. No. City State Zip Phone No.

Signature _____

Pursuant to Chapter 22 of the Code of Iowa, this information is being requested for the purpose of changing your address. All items are directory information and therefore may be released to third parties. All items are required and therefore incomplete forms cannot be processed.