

Change of Contact Information Form

Please print name as it appears on records.

Name: _____

Student ID Number: _____

Please checkmark the information that you would like to be updated in your account. Anything left blank will not be changed.

Permanent Home Address

Street Address

City

State

Zip

Local Mailing Address

Street Address

City

State

Zip

Personal Email

Email Address

Phone Number

Phone Number

Home

Mobile

Local

Text

Authorization

Signature: _____

Date: _____

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.