CHANGE OF ADDRESS

VALPARAISO UNIVERSITY
Office of the Registrar
1700 Chapel Dr. – Kretzmann Hall
Valparaiso, IN 46383
(219) 464-5212

Date: _____ VU ID #: _____

Name: _____
Please Print Last First Middle

Current Email Address: _____

ADDRESS INFORMATION:

Does this change affect all residents (i.e. Mother, Father, Siblings)? _____YES _____ NO

Special Instructions: _____
Please check:

____ **Local Address**: _____Apt. _____
City: _____ State: _____ Zip: _____
Phone: (___)_____

____ **Home Address**: _____Apt. _____
City: _____ State: _____ Zip: _____
Phone: (___)_____

____ **Billing Address**: _____Apt. _____
City: _____ State: _____ Zip: _____
Phone: (___)_____

Effective Start Date: _____ Effective End Date: _____ (if applicable)

_____Fall _____Spring _____Summer I _____Summer II _____Year

CELL PHONE INFORMATION:

Area Code: _____ Cell Number: _____

Provider Name: Check one. If your provider is not listed check '*Other*' and print your provider's name.

☐ All Tel ☐ AT&T ☐ Cellular One ☐ Centennial ☐ Nextel ☐ Sprint ☐ SunCom ☐ T-Mobile ☐ US Cellular ☐ Verizon ☐ Virgin Mobile ☐ *Other* _____

Signature: _____