



ADDRESS CHANGE FORM

STUDENT NUMBER _____

DATE _____

Check all that apply:

Is this a family move? Yes No

Checking YES will change the addresses of ALL people listed at the former address.

I wish to change:

...my LEGAL address (Billing address, permanent housing)

PO Box/ Street Address Phone Number

City State Zip

...my LOCAL address (living off-campus, temporary housing)

PO Box/ Street Address Phone Number

City State Zip

...my Parent/Guardian/Emergency Contact

Name Relationship

PO Box/ Street Address Phone Number

City State Zip

STUDENT SIGNATURE _____

DATE _____

Processed By: _____

Date: _____

If you are employed by Elizabethtown College you must contact the Payroll office (717-361-1213 or 717-361-1194) to complete the appropriate paperwork.