



UNIVERSITY OF  
NEW HAVEN

WE MAKE TOMORROW

## Address Change Notification

Effective Date: \_\_\_\_\_

<b>Student ID:</b>	
<b>Name:</b>	
<b>New Permanent Address:</b>	
<b>New Local Address:</b>	
<b>New Phone Number:</b>	
	(Home) _____ (Local) _____
<i>You may submit this form in person to the Registrar's Office, or print and fax it to (203) 931-6096.</i>	

Student Signature (required) \_\_\_\_\_