



**OFFICE OF THE REGISTRAR
171 MOULTRIE STREET
CHARLESTON, SC 29409
(843) 953-6969 Fax: (843) 953-7029**

CHANGE OF ADDRESS FORM FOR CURRENTLY ENROLLED STUDENTS

| | |
|--|---|
| <p>CHECK BOX</p> <p><input type="checkbox"/> PERMANENT (HOME RESIDENCE)</p> <p><input type="checkbox"/> BILLING</p> <p><input type="checkbox"/> LOCAL</p> <p><input type="checkbox"/> TEMPORARY</p> | <p><input type="checkbox"/> PARENT/GUARDIAN</p> <p><input type="checkbox"/> SEPARATED/DIVORCED</p> <p><input type="checkbox"/> FORWARDING ADDRESS</p> |
|--|---|

Student's Name: _____ CIT#/SSN _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Parent/Guardian Name: _____

Separated/Divorced Parent Name: _____

Student's Signature

Date

OFFICE USE ONLY

Initials _____ Date _____
