



**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"/> NEXT OF KIN</p> <p><input type="checkbox"/> SEPARATED/DIVORCED</p> <p><input type="checkbox"/> TEMPORARY</p>
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Student's Name: _____ CIT#/SSN _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Separated/Divorced Parent Name: _____

Student's Signature

Date

OFFICE USE ONLY

Initials _____ Date _____
