



# Student Address Update

Office of the Registrar

Name:

Student ID:

Phone Number:

USCB Email:

Personal Email:

Current Mailing Address:

Change Local Address

Do Not Change Local Address

Street:

Street:

City:

State:

Zip Code:

Permanent Address:

Change Permanent Address

Do Not Change Permanent Address

Street:

Street:

City:

State:

Zip Code:

Parent/Guardian/Spouse/Next of Kin Address:

Change Parent/Guardian/Spouse/Next of Kin Address

Do Not Change Parent/Guardian/Spouse/Next of Kin Address

Street:

Street:

City:

State:

Zip Code:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_