

Return completed form to the Registrar's Office Plant Hall 90 (813) 253-6251 Fax: (813) 258-7238 registrar@ut.edu

## **Change of Address**

\*\*using black ink is recommended\*\*

ID Number	Student's Name (Last, First, M.I.)		
Please Check Appropriate Address:			
Permanent Home Address (mail default)	Street Address		Unit #
Local Address			
	City	State	Zip Code
	Phone Number	er	
	HC	OME CELL _	WORK
Check here if you are a recipient of Vetera	nns benefits		
Check here if you are studying on a studer	nt visa		
I certify that I am the above named person and the i	information I hav	e provided is accura	te.
Signature	Date		