

Name: \_\_\_\_\_

ID#: \_\_\_\_\_  
6-digit Student ID # (or SS #)

Date effective: \_\_\_\_\_

Currently enrolled?  Yes  No

MAP (Marian Adult Program) student?  No  
(MAP students: See your advisor for a MAP change of address form.)

**Addresses to be Changed**

**Change ALL of my active addresses**

Check this box if ALL mail should be sent to the new address.

**Change SOME of my active addresses**

Check the box beside each address type that should be changed to the new address.

**Billing address**

Check this box if you are changing the address to which your university bills should be sent.

**Local address**

Check this box if you live off-campus and are changing your off-campus address. If you commute from your home address (permanent address), please check both "Local" and "Home."

**Home address**

Check this box if you are changing **your permanent address**, where you can be reached year-round. If you commute to Marian from this address, please check both "Home" and "Local."

**New Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Marian University E-mail: \_\_\_\_\_ @marian.edu

Home E-mail: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Comments/notes: \_\_\_\_\_

\_\_\_\_\_

**Student signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*This document requires an original/legal signature. A typed in name will not be accepted as a signature.