FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REGISTRAR'S OFFICE

1735 Wahnish Way, CASS Bldg., Suite 206 Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: <u>registrardocs@famu.edu</u>

CHANGE OF ADDRESS REQUEST FORM

PLEASE TYPE OR CLEARLY PRINT IN THE FOLLOWING INFORMATION

Full Name:				
Last	,	First		MI
				SOPHOMORE
		\mathbf{CL}_{A}	ASSIFICATION	
STUDENT ID #				SENIOR
	Freshmen a	re not allowed to up	date	GRAD STUDEN
Please be advised that the home Registrar's Office. After complete				
	HOME A	DDRESS CHA	NGE	
Please input the new address	change information	halow		
riease input the new address	change information	below:		
Street A	ddress			
Street A	ddress			
Street A	ddress		()	-
Street A	ddress State	Zip	() Con	- tact Phone #
City		Zip	() Con	- tact Phone #
City		Zip	() Con	- tact Phone #
City		Zip	(- tact Phone #
City		Zip	() Con	- tact Phone #
City		Zip	() Con	- tact Phone #
City		Zip	(- tact Phone #
City		Zip	() Con	tact Phone #
		Zip		- tact Phone #