

Change of Address Form

Description

Please use this form if you have a change of address for your academic record.

- Student ID Number
 - First Name* _____
 - Last Name* _____
 - Email* _____
 - Status at Eastman*
 - Graduate
 - Undergraduate
 - Alumni
 - Non-Matriculated
 - Address*
 - _____ Street Address _____ Address Line 2
 - _____ City _____ State / Province / Region
 - _____ ZIP / Postal Code _____ Country
 - Phone*
 - The New Address Applies To The Following:*
 - In-Term - During Academic Year
 - Out-Of-Term - When School is Not in Session
 - Parent Address
 - Billing Address
- Check all that apply
- Effective Starting Date of New Address*
_____ MM slash DD slash YYYY
 - Any additional comments in regards to address change?

Submit

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Date

2024/11/21