

## 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**

2024/07/18