



Elon University Office of the Registrar
Change of Address Form

ELON
UNIVERSITY

Student Name _____ Student ID# _____

Student's Permanent Address		
Address Line 1		
Address Line 2		
City	State	Zip
Telephone		
Parent/Guardian Address		
Address Line 1		
Address Line 2		
City	State	Zip
Telephone		
Accounts Receivable Address		
Address Line 1		
Address Line 2		
City	State	Zip
Telephone		
Student's Local Address		
Address Line 1		
Address Line 2		
City	State	Zip
Telephone		

I request the changes indicated above.

Student Signature _____ Date _____

You must notify the Office of the Registrar each time any of your addresses change