

Office of the Registrar

Request For Change of Address and/or Phone Number FOR CURRENT AND FORMER STUDENTS ***PRINT ALL INFORMATION COMPLETELY AND LEGIBLY***

Return this completed form to the

Office of the Registrar, Potter Hall, 2nd Floor, or email, fax to address/fax listed at the bottom of this form.

First Name WKU ID:		Middle Initial/Name	Last Name		
			Date of Birth:		//_
Maiden/or Other Name					
re you currently employed at Wh yes, request your address change		☐ No ces, Wetherby G2	5.		
m making a change to the follow	ving address(es):				
New Mailing/ Permanent Address:					
_					
				()	-
	City	State	Zip	Area Code	Phone Number
New Local Address:					
_				()	227
_	City	State	Zip	Area Code	Phone Number
New Billing Address:					
_				()	
_	City	State	Zip	Area Code	Phone Number
New Diploma Address:					
_				()	
_	City	State	Zip	Area Code	Phone Number
ote: Changing one's address for sessment purposes.	om out-of-state t	to a Kentucky ac	ddress doe	es not change	residency for
Signature Required:					