

ADDRESS CHANGE FORM

Student Name: _____
Last *First* *Middle*

NetID/SSN: _____

The following address is my:

- Mailing Address (I live here ONLY while I'm attending classes)
- Permanent Address
- Parent's Address

Street _____ Apt # _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Email address: _____

Signature (required): _____ Date: _____

Return completed form to **Creighton University, Office of the Registrar:**

Fax: 402.280.2527

Mail: 2500 California Plaza
Omaha, NE 68178

Email: Registrar@creighton.edu