

### Change of Address Form

Student ID: \_\_\_\_\_

Student Full Name (**Please Print**): \_\_\_\_\_  
*First Middle Last*

Is there another name in the computer for you (maiden/married)? If so, please provide that full name: \_\_\_\_\_

New Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate which address you are requesting to change:

Home/Permanent  Parent  Local  Billing  Business

Is this address the same as your parents' address?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: You may submit this form to the Records Office by one of the following methods:

Fax: 423.614.8204

Mail: Lee University, Records Office, PO Box 3450, Cleveland, TN 37320

Hand-deliver (if on campus) to the Records Office, Admin Bldg, Rm 124.