



Return completed form to the Registrar's Office  
Plant Hall 90  
(813) 253-6251 Fax: (813) 258-7238  
registrar@ut.edu

# Change of Address

**\*\*using black ink is recommended\*\***

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Student's Name (Last, First, M.I.)

**Please Check Appropriate Address:**

aaaaa **Permanent Home Address (mail default)**

aaaaa **Local Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

aaa"JQOG" aaa"EGNN" aaa"YQTM"

aaaaa **Check here if you are a recipient of Veterans benefits**

aaaaa **Check here if you are studying on a student visa**

I certify that I am the above named person and the information have provided is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised