



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:**

\_\_\_\_\_ Permanent Home Address (mail default)

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

Unit #

\_\_\_\_\_ Local Address

\_\_\_\_\_  
City

State

Zip Code

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

\_\_\_ HOME \_\_\_ CELL \_\_\_ WORK

\_\_\_\_\_ Check here if you are a recipient of Veterans benefits

\_\_\_\_\_ Check here if you are studying on a student visa

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date