

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Office of the Registrar
1419 Salt Springs Rd
Syracuse, NY 13214
Phone: (315) 445-4456

CHANGE OF ADDRESS FORM

Name: _____ SS#: _____
Last First MI

Please check all that apply:

I wish to change my: Local Address Permanent Address Parent/Guardian Address

Address (as it currently appears on your Le Moyne records)

Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Country (If outside US): _____

Local Address Change

Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Country (If outside US): _____

Permanent Address Change

Check here if same as Local

Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Country (If outside US): _____

Parent/Guardian Address Change

Check here if same as Permanent

Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Country (If outside US): _____

Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE REC'D _____ DATE PROCESSED _____ INIT. _____