



**Address Change Form**  
(Please Print)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student ID or Social Security Number:** \_\_\_\_\_

**Address Type(s):** (Check All that Apply)  **Home**  **Mailing**  **Billing**

**New Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date:** \_\_\_\_\_

**Current UW-Parkside student? Yes No**

**If not, graduation date or last date of attendance:** \_\_\_\_\_

Please return form to:  
Student Records  
WYLL D187  
University of Wisconsin – Parkside  
900 Wood Road  
Kenosha, WI 53144