



CHANGE OF ADDRESS FORM

1. Fill out form completely
2. Fax to (901) 448-7772 or Mail to the address below using a window envelope:
**The Office of Enrollment Services
Medical Center Plaza Complex
910 Madison Avenue, Suite 525
Memphis, TN 38163**

If you need more information regarding the type of documentation required to change your name, please call (901) 448-5264

SOCIAL SECURITY NO.	<input type="text"/>
LAST NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>

REQUEST OF CHANGE: ADDRESS TELEPHONE

YOUR CURRENT MAILING ADDRESS/TELEPHONE LISTED ON THE UNIVERSITY OF TENNESSEES' RECORDS:

ADDRESS	<input type="text"/>
CITY, STATE, ZIPCODE	<input type="text"/>
TELEPHONE NO.	<input type="text"/>

YOUR NEW MAILING ADDRESS/TELEPHONE AS IT SHOULD APPEAR ON THE ACADEMIC RECORD:

ADDRESS	<input type="text"/>
CITY, STATE, ZIPCODE	<input type="text"/>
TELEPHONE NO.	<input type="text"/>

Additional Information or Comments:

Check One:

-
-
-

If you are currently enrolled, it is your responsibility to notify your instructors of your name change.

Students Signature

Date