



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REGISTRAR'S OFFICE

1735 Wahnish Way, CASS Bldg., Suite 206

Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@famuc.edu

CHANGE OF ADDRESS REQUEST FORM

PLEASE TYPE OR CLEARLY PRINT IN THE FOLLOWING INFORMATION

Full Name: _____
Last First MI

CLASSIFICATION

<input type="checkbox"/>	SOPHOMORE
<input type="checkbox"/>	JUNIOR
<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	GRAD STUDENT

STUDENT ID #

****Freshmen are not allowed to update****

Please be advised that the home address on OurFAMU is your permanent address. This address can only be changed by the Registrar's Office. After completing this form, please return to CASS Bldg. Suite #206 or fax it to (850) 561-2428.

HOME ADDRESS CHANGE

Please input the new address change information below:

Street Address

_____ () _____ - _____

City **State** **Zip** **Contact Phone #**

Reason(s) For Change: _____

SIGNATURE DATE

(This request will not be honored unless this form is signed and dated)