Office of the University Registrar Change of Diploma Mailing Address and Telephone Number form (accepted up to one month prior to the end of the term/session)

Student's Name:			
Date of Graduation:			
Social Security: XXX-XX-	OR	Student ID#:	
5	STUDENT DATA C		
	(CHECK EACH BOX THAT	APPLIES)	
☐ Diploma	Mailing Address] Telephone Number	
Street			
City	State	Zip	
Please be sure to include your are	ea code		
Telephone Number	Wo	Work Telephone Number	
Student Signature		Date	

YOUR REQUEST MUST BE SIGNED! OTHERWISE IT WILL BE RETURNED TO YOU.