

UNIVERSITY OF ST. THOMAS

OFFICE OF THE REGISTRAR

Address Change Request Form

UST Student ID Number		Last 4 of Social So	ecurity Number
	Please Print	Clearly	
Name			
First	Middle	Last	
Date of Birth (MM/DD/YYYY)		Phone #	
ADDRESS CHANGE:			
Print NEW Home Address below:			
**The residence hall is NOT a valid	address.		
**The residence hall is NOT a valid	address.		
**The residence hall is NOT a valid Street Address	address.		Apt. Number
	address. State	County	Apt. Number Zip Code
Street Address City			
Street Address	State State ange: 1) you	County	