



UNIVERSITY
ST. THOMAS
HOUSTON

ADDRESS CHANGE REQUEST

Office of the Registrar

Date: _____

Name: _____

Student ID# _____

Signature: _____

Phone Number: _____

A. Address Type

Home Mailing Permanent

B. Address Change

Street Address: _____ Apt. Number: _____

City: _____ State: _____

Zip: _____

C. Additional Information

- I am a **current** UST employee. *Please submit this form to HR.*
- I am a **current** UST student employee. *Please submit this form to HR.*
- I am a **past** UST employee. *Please submit this form to HR.*
- I am a **past** UST student employee. *Please submit this form to HR.*

D. After all signatures have been obtained, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY