Change of Address

IF YOU ARE A FACULTY MEMBER OR STAFF MEMBER OF THE UNIVERSITY, PLEASE CHANGE YOUR ADDRESS THROUGH HUMAN RESOURCES. DO NOT USE THIS FORM.

Name: _______________________________ ID#: _______________________________

Address Types:

BI – Billing Address
CU – Current Address (i.e. where you live while attending Concordia, if off campus)
MA – Mailing Address
PR – Permanent Address (i.e. legal address/address used when filing income tax return)
SE – Seasonal Address (i.e. summer address, off-campus student teacher, internship address)

Please use the space below to provide the address with the appropriate address types from the choices above. Check all that apply.

Address Type: □ BI  □ CU  □ MA  □ PR  □ SE

Address: __________________________________________________________________________

City: _____________________________________________________________________________ State: ___________ ZIP: ________________

Phone Number (if new): __________________________________________________________________________________________

If Seasonal Address (SE) type is indicated, list dates this address is in effect:

From ________________ to ________________.

Signature: __________________________________________________________________________ Date: ________________

Registrar’s Office  Phone: 708.209.3165  Fax: 708.209.3167  12/17/2010