



CASE

MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES

CHANGE OF ADDRESS

LAST NAME: _____

FIRST NAME: _____

SS#/ID: _____

TODAY'S DATE: _____

E-MAIL ADDRESS _____

SIGNATURE: _____

PERMANENT ADDRESS: **Used for final grades and used if not currently enrolled.** *(Final grades for students with international addresses are held for student pick-up in Room 110 in Yost Hall.)*

Street: _____ Bldg/Apt: _____

City: _____ State: _____ Zip Code _____

Home Telephone: _____ (AC) Number Work: _____ (AC) Number & EXT

CURRENT/DORM: **Used to send correspondence during Fall & Spring Semesters.**

Street: _____ Bldg/Apt: _____

City: _____ State: _____ Zip Code _____

Home Telephone: _____ (AC) Number Work: _____ (AC) Number & EXT

BILLING ADDRESS: **This address is utilized for billing of tuition and fees. If blank, permanent address will be used** *(To be changed by the Billing Office ONLY)*

Street: _____ Bldg/Apt: _____

City: _____ State: _____ Zip Code _____

Home Telephone: _____ (AC) Number Work: _____ (AC) Number & EXT

FOR OFFICE USE ONLY	
Date Completed: _____	Operator: _____