

W UNIVERSITY of WASHINGTON | TACOMA

Change of Address and Directory Information

SUBMIT TO: OFFICE OF THE REGISTRAR, MAT 253, CAMPUS BOX 358400

NAME (Last, first, middle)	
STUDENT NUMBER	ACADEMIC PROGRAM

OLD ADDRESS

ADDRESS		
CITY	STATE	ZIP

NEW ADDRESS

ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER ()		

EMERGENCY CONTACT	PHONE NUMBER ()
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RELEASE DIRECTORY INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO* <i>*You may choose to restrict the release of directory information but doing so will require that you conduct all University business in person with photo ID.</i>	STUDENT'S SIGNATURE _____	DATE _____
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OFFICE USE ONLY	Received: <input type="checkbox"/> In-Person <input type="checkbox"/> Mail, Postmarked: _____ <input type="checkbox"/> Other: _____	Processed by: _____ Date processed: _____ Program notified: _____
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