

CHANGE OF ADDRESS

VALPARAISO UNIVERSITY SCHOOL OF LAW
Office of the Registrar
656 S. Greenwich St. - Wesemann Hall
Valparaiso, IN 46383
219-465-7840

Date: _____ **VU ID#** _____

Name: _____
Please print Last First Middle

Current Email Address: _____

ADDRESS INFORMATION

_____ **Local Address:** _____ **Apt.** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _(____) _____

_____ **Home Address:** _____ **Apt.** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _(____) _____

_____ **Billing Address:** _____ **Apt.** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _(____) _____

Effective Start Date: _____

CELL PHONE INFORMATION:

Area Code: _____ **Cell Number:** _____

Provider Name: Check one. If your provider is not listed check "Other" and print your provider's name.

- All Tel Cellular One Nextel SunCom US Cellular Virgin Mobile
 AT&T Centennial Sprint T-Mobile Verizon Other _____

Signature: _____

