

**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

