

## Change of Address Form

### Description

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Please use this form if you have a change of address for your academic record.

- Student ID Number
- First Name\* \_\_\_\_\_
- Last Name\* \_\_\_\_\_
- Email\* \_\_\_\_\_
- Status at Eastman\*
  - ☐ Graduate
  - ☐ Undergraduate
  - ☐ Alumni
  - ☐ Non-Matriculated
- Address\*

\_\_\_\_\_ Street Address \_\_\_\_\_ Address Line 2

\_\_\_\_\_ City \_\_\_\_\_ State / Province / Region

\_\_\_\_\_ ZIP / Postal Code \_\_\_\_\_ Country
- Phone\*
- The New Address Applies To The Following: \*
  - ☐ In-Term - During Academic Year
  - ☐ Out-Of-Term - When School is Not in Session
  - ☐ Parent Address
  - ☐ Billing Address

Check all that apply
- Effective Starting Date of New Address\*  
\_\_\_\_\_ MM slash DD slash YYYY
- Any additional comments in regards to address change?

Submit

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**Date**

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2025/08/05