University of Northern Iowa
Change of Address

Please **PRINT** name as it appears on records.

Name: _____
Last First Middle Maiden

Student Number: _____ Date: _____

Effective Date: _____
Month Year

If left blank, existing address information will remain.

a. In Session School Address: (This address will be used for mailing while the University is in session)

_____
Street City State Zip Phone

b. Interim Address (between sessions): (This address will be used when mailing your grade reports, student bills, and other mailings between sessions)

_____
Street City State Zip Phone

c. Parent(s) Name/Address: (Fill out only if there has been a change)

_____
Name(s) Street City State Zip

d. Additional Parent Name/Address: (If needed)

_____
Name(s) Street City State Zip

_____
Signature

Pursuant to Chapter 22 of the Code of Iowa, this information is being requested for the purpose of changing your address. All items are directory information, and, therefore, may be released to third parties. All items are required, and, therefore, incomplete forms cannot be processed.