

**CAMERON UNIVERSITY  
STUDENT ADDRESS CHANGE FORM**

Currently Enrolled: Yes  No

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
          Last                      First                      Middle                      Maiden

**NEW ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature (required): \_\_\_\_\_