

Southern New Hampshire University Address/Phone/Email Change Form

All information must be completed in full and written legibly to be processed.

SSN: _____ ID # _____ Today's Date _____
 Last Name: _____ First Name: _____ Middle Name: _____

Address Change – List both the old address that needs to be changed and the new address. Indicate which address type this change relates to:

Home Local Permanent Business Billing (A/R) Seasonal Begin _____ End _____

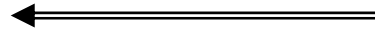
Old Address

New Address

Street Line 1: _____ Street Line 2: _____ City: _____ State: _____ Zip/Postal Code: _____ Country: _____	Street Line 1: _____ Street Line 2: _____ City: _____ State: _____ Zip/Postal Code: _____ Country: _____
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Street Line 1: _____
 Street Line 2: _____
 City: _____
 State: _____
 Zip/Postal Code: _____
 Country: _____

If your address is a post office box, you must also supply your physical street address here



Comments: _____

Email Address Change

Email Type	Old Email Address	New Email Address
<input type="checkbox"/> Personal/Home	_____	_____
<input type="checkbox"/> Business	_____	_____
<input type="checkbox"/> Distance Ed	_____	_____

Phone Number Change

Phone Type	Old Phone Number	New Phone Number
<input type="checkbox"/> Home	() _____	() _____
<input type="checkbox"/> Local	() _____	() _____
<input type="checkbox"/> Fax	() _____	() _____
<input type="checkbox"/> Business	() _____	() _____
<input type="checkbox"/> Permanent	() _____	() _____
<input type="checkbox"/> Cellular	() _____	() _____
<input type="checkbox"/> Other _____	() _____	() _____

For Office Use Only: Please forward this form to the Database Management Office.

Change Submitted By: _____ Department: _____ Date: _____