

Address Change Form

Former Students (Enrolled Fall 1992 or later)

Instructions

Complete and sign this form. Submit it to the Office of the Registrar by:

Person - 141 Uptown East

E-mail - Scan and send to registra@uark.edu

Fax - (479) 575-4651

Mail - Office of the Registrar

141 Uptown East

University of Arkansas Fayetteville, AR 72701

If you do not include start date and end date for the new address, we will assume the change is effective now, and that it will continue until you have notified us of another change. **SIGNATURE IS REQUIRED.**

Your new address will also be forwarded to the Alumni Association.

| Please select the address type that you would | d like to change: Diplor | ma Mailing Permanent |
|---|--------------------------|----------------------|
| Student Name: | | |
| University ID (xxxxxxxxxx): | | |
| New Address: | | |
| | | |
| | | |
| | | |
| Daytime Phone (xxxxxxxxxx): | Evening Pho | one (xxxxxxxxxx): |
| Effective from: | to | |
| | | |
| | | |
| Signature: | | Date: |