



UNIVERSITY OF ARKANSAS®

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.**

Please select the address type that you would like to change:

Diploma
Mailing
Permanent

Student Name: _____

University ID or SSN: _____

New Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Effective Dates: **From:** _____ **To:** _____

Signature: _____ **Date:** _____