



COASTAL CAROLINA UNIVERSITY

Office of the Registrar

P.O. Box 261954 • Conway, SC 29528-6054
(843) 349-2019 • Fax: (843) 349-2909

Student Address Update Form

Select all that apply:

- Current Student
- Former Student
- Current Faculty/Staff/Student Employee
- Former Faculty/Staff/Student Employee

PLEASE PRINT

Student ID number _____

Last name _____ First _____ Middle _____

**Please use "Student Name Change Affidavit" form to change your name on your permanent record.
International students must submit all changes to the Office of International Studies.**

**Completing this form will not result in mail being forwarded by the U.S. Postal Service.
You must submit postal change of address forms directly to the U.S. Postal Service.**

HOME/PERMANENT ADDRESS (where tuition bills will be sent)

If this is also your residence address, you are not required to complete the LOCAL address portion of this form.

Street _____ Apt. # _____ P.O. Box _____
 City _____ State _____ Zip code _____
 Home phone (_____) _____ Foreign country (if applicable) _____

LOCAL ADDRESS (where you will reside while attending school)

Complete this section only if the address is different than the address listed above.

Street _____ Apt. # _____ P.O. Box _____
 City _____ State _____ Zip code _____
 Local phone (_____) _____ Cell phone (_____) _____

EMERGENCY CONTACT INFORMATION

Select one: Parent Guardian Spouse

Name _____
 Street _____
 City _____ State _____ Zip code _____
 Foreign country (if applicable) _____
 Telephone: Day (_____) _____ Evening (_____) _____

NEWS RELEASE INFORMATION: The Office of Marketing Communications at Coastal Carolina University routinely sends news releases regarding student academic accomplishments to the student's hometown newspaper. Please complete the following information to assist us in providing information to the newspaper of your choice. Return the completed form to the Office of the Registrar (Singleton 108).

Student's name _____ Student ID number _____
 Name of your hometown newspaper _____
 Newspaper's mailing address _____
 City _____ State _____ Zip code _____
 Telephone (_____) _____ Fax (_____) _____

SIGNATURE _____ DATE _____