

Student Address Update Form

Office of the Registrar

Select as applicable: Student ☐ Faculty/Staff • It is the obligation of every student to notify the Office of the Registrar of any change in address. • Completing this form will not result in mail being forwarded by the U.S. Postal Service. A separate change of address must be filed with the U.S. Postal Service. • Completing this form will not result in a change of your resident status for tuition and fee purposes. To learn more about applying for a change of resident classification, visit coastal.edu/admissions/residency. • Please note: Offices may elect to contact you via your home or local address regardless of your preference. As an example, all financial aid settlement checks and W-2s are sent to your HOME address regardless of preference. • International students must submit all demographic changes to the Center for Global Engagement. PLEASE PRINT. Student ID number First Middle **HOME/PERMANENT ADDRESS Check if applicable:** My HOME/PERMANENT ADDRESS is my preferred mailing address. I am a GRADUATION APPLICANT and I would like my diploma sent to this address. If this is also your residence address, you are not required to complete the LOCAL address portion of this form. Street / P.O. Box _____ _____ State _____ ZIP code____ Telephones: Home (Cell () LOCAL ADDRESS (where you will reside while attending school) Complete this section only if the address is different than the address listed above. **Check if applicable:** This LOCAL ADDRESS is my preferred mailing address. ☐ I am a GRADUATION APPLICANT and I would like my diploma sent to this address. Street / P.O. Box _____ State _____ ZIP code _____ Telephones: Home (______) _____ Cell (_____) ____ Select one: ☐ Parent **EMERGENCY CONTACT INFORMATION** ☐ Guardian Spouse Name Street / P.O. Box _____ City ______ State _____ ZIP code _____ Foreign country (if applicable)

Office of the Registrar • Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054 • 843-349-2019 • 843-349-2909 fax

► STUDENT'S SIGNATURE DATE

Telephone: Day (Evening ()