

Date: _____

Effective Term: _____

Hollins University
Change In Student Address Form

Name: _____ Class Year: _____ Student ID: _____

Circle appropriate student classification: Undergraduate Graduate

Please mark address(es) to be changed:

- Home/Permanent Address* Parent Address (if different from Home Address) Other Parent Address
- Billing Address (if different from Home Address) Temporary (non-permanent) Address** Hollins P.O. Box*
- Personnel Address Other Address*** (please describe) _____

	FROM	TO
Street Line 1	_____	_____
Street Line 2	_____	_____
Street Line 3	_____	_____
City	_____	_____
State	_____	_____
Zip Code	_____	_____
Nation	_____	_____
Phone	_____	_____

***A Hollins Post Office Box CANNOT be used as a Home/Permanent Address.**
****Undergraduate students wishing to live off-campus during the academic year MUST get approval from the Dean of Students.**
*****Any change to on-campus (residence hall) housing MUST be made through Housing and Residence Life in Student Affairs.**

copy to:

- _____ Academic Services
- _____ Business Office
- _____ Financial Aid
- _____ Human Resources
- _____ Registrar
- _____ Residence Life Office
- _____ Student Affairs

optional copy to:

- _____ Admissions
- _____ Horizon Office
- _____ Advisor
- _____ Graduate Studies
- _____ Abroad / International Programs
- _____ Telephone Coordinator
- _____ Other

Action taken: _____

Originator: _____