
ADDRESS CHANGE FORM



Trinity College Records Office

Fax: (847) 317-8107 Phone: (847) 317-7050 E-mail: terecords@tiu.edu

Name: _____ ID#: _____

Street, Apt#: _____

City, State, Zip: _____

Home Phone#: _____ Cell Phone#: _____

Please check all that apply:

- This is a permanent change. Effective date: _____
- This is a summer or temporary address only. Effective from: _____ to: _____
- I have submitted an Intent to Graduate Form to the Records Office. Please change my previous diploma mailing address to this address.
- I am a visiting student. Please use this address to send my grades from the ____/____ semester/year.

Note: You will still receive mail to your campus box unless you submit a Mail Forwarding Order to Mail Services.

Signature: _____ Date: _____