

CHANGE OF ADDRESS REQUEST



Student Information

Name: _____ Student ID: _____
 First Middle Last
E-mail: _____ Primary Phone: _____

New Address

Street Apartment (if applicable) City State Zip

Please check all that apply:

- This is a permanent move. Effective date: _____
- This is a temporary move. Effective from: _____ to _____
- I have submitted an Application for Graduation to the Records Office. Please change my previous diploma mailing address to the address above.

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

Signature: _____ Date: _____

Trinity International University • 2065 Half Day Road, Deerfield, Illinois 60015
trinitycentral@tiu.edu • (847) 317-4200 • (847) 317-7040 fax