

# 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: \_\_\_\_\_

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