



DELAWARE VALLEY UNIVERSITY

Change of Address

STUDENT ID: _____

DATE: _____

NAME: _____

DATE OF BIRTH: _____

MAJOR: _____

STATUS: _____
(i.e. Freshman, Graduate)

PERMANENT ADDRESS CHANGE:

***THIS WILL BE THE PERFERRED ADDRESS FOR ALL MAILING**

STREET ADDRESS: _____

APT NO.: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ - _____

CELL PHONE: () _____ - _____

E-MAIL ADDRESS: _____

LOCAL OFF CAMPUS ADDRESS CHANGE:

STREET ADDRESS: _____

APT NO.: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ - _____

CELL PHONE: () _____ - _____

STUDENT SIGNATURE

DATE

***NOTE:** Student must go to Payroll for W2 forms in person

OFFICE USE ONLY

ENTERED BY: _____

DATE: _____