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Change of Address Form--ENROLLED STUDENTS ONLY

Graduates of Millsaps should provide address changes to the Millsaps Development Office.



ID: _____ NAME: _____
Last First Middle

PERMANENT ADDRESS:

Street City County State Zipcode

PERMANENT TELEPHONE: _(_____)_____

If the permanent address given is a parent address, please provide the following.

PARENT NAME(S): _____

LOCAL ADDRESS (only if different from Permanent Address):

Street City County State Zipcode

LOCAL TELEPHONE (only if different from Permanent Telephone):

Do you receive VA Benefits? Yes or No

Signature _____ **Date** _____

*****BELOW FOR OFFICE USE ONLY*****

ORIGINATED BY () student or () _____ in _____ office.

Office of Records Initial and Date _____