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Email: records@millsaps.edu
Office: Academic Complex, Room 142
Phone: 601-974-1120

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

Do you receive VA Benefits? Yes No

Signature _____ Date _____

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

Office of Records Signature and Date _____