

# SAMFORD UNIVERSITY

## CHANGE OF STUDENT ADDRESS

PLEASE RETURN COMPLETED FORM TO STUDENT RECORDS IN SAMFORD HALL, ROOM 214, OR FAX TO (205) 726-2908

Please Circle Class: (Sr, Jr, So, Fr, EFR, UE, G, Law, Pharm, SPU, etc.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Banner SUIid. # 9

(Print) (Last) (First) (Middle)

Preferred Name: \_\_\_\_\_

Student Signature (Required) \_\_\_\_\_

**Permanent Address and Telephone Number: CANNOT BE CHANGED TO YOUR SU BOX OR ON CAMPUS ADDRESS**

City State Zip

Home Phone: ( ) Cell Phone: ( )

**Local Address and Telephone Number: IF SAME AS PERMANENT ADDRESS, LEAVE BLANK**

City State Zip

Home Phone: ( ) Cell Phone: ( )

**Guardian Information - Name, Address and Telephone Number:**

Name: \_\_\_\_\_ (Please circle one): M/M Miss MS Mrs Mr Other

City State Zip

Home Phone: ( ) Work Phone: ( ) Relationship:

**Emergency Contact 1 - Name, Address, and Telephone Number: SEE BACK OF FORM OR NEXT PAGE FOR ADDITIONAL EMERGENCY CONTACTS**

Name: \_\_\_\_\_ (Relationship)

City State Zip

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

**Emergency Contact 2 - Name, Address, and Telephone Number:**

<b>Name:</b>		<b>(Relationship)</b>
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone: (    )</b>	<b>Work Phone: (    )</b>	<b>Cell Phone: (    )</b>

**Emergency Contact 3 - Name, Address, and Telephone Number:**

<b>Name:</b>		<b>(Relationship)</b>
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone: (    )</b>	<b>Work Phone: (    )</b>	<b>Cell Phone: (    )</b>