



**CHANGE OF ADDRESS REQUEST**  
OFFICE OF THE REGISTRAR

Please return this form to the Office of the Registrar, 2<sup>nd</sup> floor of the Buckner Building or [registrar@fsouthern.edu](mailto:registrar@fsouthern.edu).

**CURRENT INFORMATION: Fill out completely.**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

FSC: Resident / Commuter / Off-Campus Housing SS#: XXX-XX-\_\_\_\_\_

FSC Mocs Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ Please complete the following changes to my PERMANENT HOME ADDRESS:

\_\_\_\_ This information should be updated on my parent/guardians information as well (if applicable).

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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my BILLING ADDRESS: \_\_\_\_\_ SAME AS ABOVE

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

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Entered Computer \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials\_\_\_\_\_

Revised Aug 2023