



STARR KING SCHOOL FOR THE MINISTRY

ADDRESS UPDATE/CHANGE FORM

Legal Name: _____

Preferred Name: _____

Address (Old): _____ ...

Address (New): _____ ..

City, State, Zip Code: _____

Telephone (Home): _____

Telephone (Other): _____

Telephone (Work): _____

Email Address (Personal): _____

Email Address (SKSM): _____

Effective Date: _____

Address change/
update for:

Please check all that apply.

- | | | | |
|---|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Online Student | <input type="checkbox"/> Online Faculty | <input type="checkbox"/> Graduate | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Work-Study Student | <input type="checkbox"/> Associate Faculty | <input type="checkbox"/> Trustee | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Student Teacher | | |
| | <input type="checkbox"/> (Former) Faculty | | |

Students must save the completed form as a PDF with the name as Term.AddressUpdateForm.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. The office of the registrar will obtain the necessary SKSM signatures after the completed PDF form is received.

Student Print Name: _____

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE SKSM- Registrar's Office

All information collected will be used by SKSM/GTU for internal use only and will not be released without your permission.