



ADDRESS UPDATE/CHANGE FORM

Student Legal Name:

Preferred Name (if different):

Address (Old):

City, State, Zip Code:

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.

Student
Online Student
Work-Study Student

Faculty
Online Faculty
Associate Faculty
Student Teacher
(Former) Faculty

Staff
Graduate
Trustee

Donor
Volunteer
Other

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 Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO Registrar@sksm.edu

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