

Office of the University Registrar

Change of Address Form

The rising STAR of Texas

STUDENT INFORMATION						
Student ID or DOB:	I	Full Name:	Last Name	First Name		Middle Name
Email:	Phone:			(XXX) XXX-XXXX		
INFORMATION TO BE UPDATED						
Permanent Address:	Street		City		State	Zip
Local Address:	Street		City		State	Zip
Diploma Address:	Street		City		State	Zip
Permanent Phone Number:	(XXX) XXX-XXXX		_Cell Phone Number:		(XXX) XXX-XXXX	
		S	IGNATURE			
Student Signature:					For O ff ice Use Only	
Date: Office of the University Registrar 601 University	Dr. San Marcos, TX 78666	registrar@txstate.edu	(512) 245-2367	Posted By:	Date Posted	: