|                                | Favett   | eville State University                             |   |  |
|--------------------------------|--|---|---|--|
| CHANGE OF ADDRESS REQUEST FORM |  |   |   |  |
|                                | The Office of the Registrar<br>1200 Murchison Road, Fayetteville, NC 28301   Lilly Building, Room 300   910.672.1185   |   |   |  |
|                                | The estimate processing time will be approximately 3-5 business days. During peak periods, it may take 5-10 business days. Peak periods are registration, midterm grading, final grading and commencement. |   |   |  |
| Today's Dat                    | e  |   |   |  |
| Banner ID _                    |  |   |   |  |
| Name:                          |  | Signature:  |   |  |
| Names (s) w                    | hen attended if different:   |   |   |  |
| Address:                       |  | State:  |   |  |
| City                           |  | State   | Zip   |  |
| New Addro                      | ess Information  |   |   |  |
| Address:                       |  |   |   |  |
| City:                          |  | State:  | Zip:  |  |
| Ple                            | ase return this form to the Office of t  | he Registrar, Lilly Building, 3 <sup>rd</sup> Floor | r or fax to (910) 672-1599.<br>Revised January 2013 |  |