

**Change of Address Request Form  
Fayetteville State University  
Office of the Registrar**

**Name:** \_\_\_\_\_ **Banner Id or Social Security Number:** \_\_\_\_\_

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**Address Information on File: Local () Permanent ()**

**Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**New Address Information: Local () Permanent ()**

**Address**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Signature:**

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Please bring this form to Collins Building 119 or fax to 910 672 1599