



**The Office of the Registrar**

1200 Murchison Road, Fayetteville, NC 28301 | Lilly Building, Room 300 | 910.672.1185

**CHANGE OF ADDRESS REQUEST FORM**

Today's Date \_\_\_\_\_

Banner ID \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Names (s) when attended if different: \_\_\_\_\_

**Address Information on File**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Address Information**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return this form to Lilly Building, 3<sup>rd</sup> Floor or fax to 910.672.1599.  
Request will be processed in 3-5 business days.