



QUINCY UNIVERSITY

Registrar's Office

1800 College Avenue
 Quincy, Illinois 62301-2699
 217-228-5280
 Fax: 217-228-5283

Name / Address Change Notice

| | | | | |
|---|--|----|--|------|
| STUDENT NAME: First | | MI | Maiden | Last |
| STUDENT ID NUMBER | | | ARE YOU EMPLOYED BY QUINCY UNIVERSITY? | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| STUDENT PERMANENT ADDRESS | | | STUDENT LOCAL / CAMPUS ADDRESS | |
| | | | | |
| | | | | |
| COUNTY | | | COUNTY | |
| | | | | |
| TELEPHONE Area Code/Number | | | TELEPHONE Area Code/Number | |
| | | | | |
| MOTHER'S NAME & ADDRESS (If different from permanent address) | | | FATHER'S NAME & ADDRESS (If different from permanent address) | |
| | | | | |
| | | | | |
| TELEPHONE Area Code/Number | | | TELEPHONE Area Code/Number | |
| | | | | |
| NAME & ADDRESS OF PERSON FINANCIALLY RESPONSIBLE FOR STUDENT ACCOUNT | | | | |
| <input type="checkbox"/> Same as parent <input type="checkbox"/> Same as student <input type="checkbox"/> Other _____ | | | | |
| _____ | | | | |

 Student Signature

 Date

| | |
|-------------------------------|----------|
| Registrar's Office Use | |
| _____ | _____ |
| Date | Initials |