

Office of the Registrar

The University of Virginia's College at Wise Change of Address Form

SOCIAL SECURITY NO.# (STUDENT ID#): _____

OLD ADDRESS:
NAME: _____
ADDRESS: _____ _____
TELEPHONE #: _____

NEW ADDRESS:
NAME: _____
ADDRESS: _____ _____
TELEPHONE #: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

DATE PROCESSED: _____

PROCESSED BY: _____