

MORRIS COLLEGE

OFFICE OF ADMISSIONS AND RECORDS

CHANGE OF PERMANENT ADDRESS

Social Security Number: _____

Student Name: _____

New Address

Street: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Old Address

Street: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Submitted by: _____ Date: _____

CC: Registrar White
Business Office Canary
Financial Aid Office Pink
Student Affairs Office Goldenrod