

# Change of Address Request Form

Instructions: Enter your name, B Number and sign in Section 1. For the remainder of the form, *only complete the sections that contain information that you wish to change*. Leave all other sections blank.

Return this form to the Registrar's Office in person or by mail or fax.

Registrar's Office • Binghamton University • PO Box 6000 • Binghamton, NY 13902

Fax: 607-777-6515

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## SECTION 1 Student Information

Name: \_\_\_\_\_  
*Last First MI*

Check here if you have worked at the University in the last year.

B Number or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 2 Permanent Home Address (Legal Address):

Street: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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## SECTION 3 Local/Off Campus Address:

*\* only complete this section if different from permanent address*

Street: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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## SECTION 4 Parent/Guardian/Spouse Information

Name: \_\_\_\_\_  
*Last First MI*

Relation:  Parent  
*(check one)*  Guardian

Address is the same as permanent address

Spouse

Address is the same as local address

Other

*\*If different address, complete below*

Street: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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## SECTION 5 Person to Notify in Case of Emergency

Check if same person as Parent/Guardian/Spouse

*\* Fill in below only if box above is NOT checked*

Emergency Contact Name: \_\_\_\_\_

Relation:  Parent  
*(check one)*  Guardian

Home Phone: ( ) \_\_\_\_\_

Spouse

Work Phone: ( ) \_\_\_\_\_

Other