



ADDRESS UPDATE/CHANGE FORM

Action Items:

1. Complete and sign form.
2. Save form as a PDF with the name as Term.AddressUpdateForm.Your first and last name.
3. Email to registrar@sksm.edu. The registrar will obtain the necessary signatures.

All information collected will be used by SKSM for internal use only and will not be released without your permission.

Student Legal Name: _____

Preferred Name (if different): _____

Old Address: _____

City, State, Zip Code: _____

New Address: _____

City/ State / Zip Code: _____

Home Phone #: _____

Alternative Phone #: _____

Work Phone #: _____

SKSM Email: _____

Personal Email: _____

Effective Date: _____

Address change/update for (please check all that apply):

- Student
- Work-Study Student
- Faculty
- Former Faculty
- Staff Graduate Trustee
- Donor Volunteer
- Other _____

*Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____