

University of Central Missouri  
Student Financial Services Perkins  
1100 Ward Edwards  
Warrensburg, MO 64093  
660-543-4661 Phone  
660-543-8007 Fax

CHANGE OF ADDRESS

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Mail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Required)

Date

In compliance with the Fair and Accurate Credit Transactions Act of 2003 (Federal Register 72 FR 63718), the University of Central Missouri requires that all address changes be submitted in writing with the date and signature of the account holder.