



**CLAYTON UNIVERSITY  
CHANGE OF ADDRESS/PHONE FORM**

**Name:**

\_\_\_\_\_

**(Please Print) Last First Middle**

**OLD ADDRESS**

**Street/PO Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Campus or Cell** \_\_\_\_\_

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**NEW ADDRESS**

**Street/PO Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**New Home Phone** \_\_\_\_\_ **Campus or Cell** \_\_\_\_\_  
(if applicable)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_