



CHANGE OF ADDRESS REQUEST
OFFICE OF THE REGISTRAR

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building or registrar@fsouthern.edu.

CURRENT INFORMATION: Fill out completely.

Name: _____ ID#: _____

FSC: Resident / Commuter / Off-Campus Housing SS#: XXX-XX-_____

FSC Mocs Email: _____

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

____ Please complete the following changes to my PERMANENT HOME ADDRESS:

____ This information should be updated on my parent/guardians information as well (if applicable).

Street Address: _____ Apt #: _____

-

my BILLING ADDRESS: _____ SAME AS ABOVE

_____ Apt #: _____

Zip Code: _____

DATE: _____

OFFICE USE ONLY

Entered Computer ____/____/____ Initials_____

Revised Aug 2023