**Change of Information Form**

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Student Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
</tr>
</thead>
</table>

If you are an international student, please check here: ☐

**Address Change:** *(Please List all Applicable Changes)*

**Permanent Address:**

<table>
<thead>
<tr>
<th>(Number &amp; Street or PO Box)</th>
<th>(Apt #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td>(State)</td>
</tr>
</tbody>
</table>

**Local/In School Address:**

- ☐ Same as Permanent Address
- ☐ Campus Box #________
- ☐ To the following address:

<table>
<thead>
<tr>
<th>(Number &amp; Street or PO Box)</th>
<th>(Apt #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td>(State)</td>
</tr>
</tbody>
</table>

**Billing Address:**

- ☐ Same as Permanent Address
- ☐ Same as Local/University Address
- ☐ To the following address:

<table>
<thead>
<tr>
<th>(Number &amp; Street or PO Box)</th>
<th>(Apt #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td>(State)</td>
</tr>
</tbody>
</table>

**Effective Date:**

- ☐ Immediately
- ☐ After this date: _____________________

**Telephone Number Change:**

- Primary Number: (______)__________________
- Alternate Number: (______)__________________

**Signature (Required):** ____________________________

**Date:** ____________________________

**Mail to:**
Office of the Registrar
Chatham University
Woodland Road
Pittsburgh, PA  15232

**Fax to:** 412-365-1643