



OAKWOOD UNIVERSITY

CHANGE OF ADDRESS FORM

Last Name: _____ First Name: _____ M. I.: _____

Social Security #: _____ Student I.D.: _____ Date of Birth: _____

Contact Phone _____ OU E-mail: _____@oakwood.edu

Is this address change the same for your parent/guardian? Yes No Not Applicable

PLEASE FILL OUT FOR ALL ITEMS THAT HAVE CHANGED: Effective Date _____

PERMANENT ADDRESS

CHANGE FROM

Street Address _____
City _____
State _____
Zip Code _____
Phone _____

CHANGE TO

Street Address _____
City _____
State _____
Zip Code _____
Phone _____

LOCAL ADDRESS

CHANGE FROM

Street Address _____
City _____
State _____
Zip Code _____
Phone _____

CHANGE TO

Street Address _____
City _____
State _____
Zip Code _____
Phone _____

Please note:

1. Changes to Billing Address **must** be reported to Student Accounts
2. Use this form to report summer address changes
3. Return to Records Office

Records Office Only

Entered (date) _____
By (Initials) _____