



REQUEST FOR CHANGE OF PERMANENT ADDRESS FORM

1. Fill out form completely
2. Fax to (901) 448-1017 or Mail to the address below:
**The University of Tennessee Health Science Center
The Office of the Registrar
910 Madison, Suite 520
Memphis, TN 38163**

*Please be aware that changing your permanent address may affect your residency status with the university. Any requests for residency re-classification **MUST** be made with the University Registrar. For more information on applying for residency re-classification please call (901) 448-5568.*

885 NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

YOUR CURRENT PERMANENT ADDRESS/TELEPHONE LISTED IN THE UTHSC RECORDS:

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO.

YOUR NEW PERMANENT ADDRESS/TELEPHONE AS IT SHOULD APPEAR ON YOUR UTHSC RECORD:

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO.

Additional Information or Comments:

Check one:

☐

Currently Enrolled

☐

Returning Next Semester

☐

Graduating in May/December, Not Returning

Students Signature

Date