



OFFICE OF THE REGISTRAR
P.O. Box 9217
Gandy Hall
Virginia State University, Virginia 23806
804-524-5275

ADDRESS, NAME, OR SOCIAL SECURITY NO. CHANGE FORM

INSTRUCTIONS FOR COMPLETING THE ADDRESS, NAME, OR SOCIAL SECURITY NO. CHANGE FORM

Please fill out the portion of the form that applies to you. Sign the bottom line, date and turn in to the Office of the Registrar.

Permanent Address ~ Virginia State University requires students to keep a permanent address on file.. Your permanent address is where you receive official documents and correspondence and is the address of a person through which you can always be contacted. When changing your permanent address please have two of the following documents to support your address change:

Proof of I.D
Utility bill
Lease
Post office change of address

Local Address ~ Your local address is the address you are residing at while going to school. It only applies to students who are temporarily living somewhere other than their permanent address. For example, if you are an out of state student and your permanent address is in New York, but while in school you reside in an apartment in Virginia; The Virginia location would be considered your local address.

NOTE: Please be aware address changes **DO NOT** affect residency status. Applications for Virginia residency status are available in the Office of the Registrar.

The Office of the Registrar will not change an address for refund purposes.

When making a name or social security number change a copy of the court order legalizing the change should accompany this form.



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OFFICE USE ONLY

Completed by: _____

Date Processed: _____

ADDRESS, NAME, OR SOCIAL SECURITY NO. CHANGE FORM

Name _____ V Number _____
Last First Middle Initial

CHANGE IN PERMANENT ADDRESS

FORMER ADDRESS

Street Address

City
() _____
Telephone Number

NEW ADDRESS

Street Address

City
() _____
Telephone Number

CHANGE IN LOCAL ADDRESS

FORMER ADDRESS

Street Address

City
() _____
Telephone Number

NEW ADDRESS

Street Address

City
() _____
Telephone Number

NAME/SOCIAL SECURITY CHANGE

Previous

Name: _____
Last First Middle

New

Name: _____
Last First Middle

New Social Security Number: _____

Signature _____ Date _____