

## CHANGE OF ADDRESS FORM

**For IUP Campus Residents ONLY. All others will be rejected.**

Is this Move Temporary?	Start Date:	Date to discontinue forwarding:
LAST Name:		
Jr/Sr/etc	FIRST Name:	MI:
If BUSINESS Move, Business Name:		
<b>OLD MAILING ADDRESS INFORMATION</b>		
OLD Mailing Address:		
OLD APT or Suite:	Urbanization name (For Puerto Rico Only):	
OLD City:	OLD State:	OLD ZIP Code:
<b>NEW MAILING ADDRESS INFORMATION</b>		
NEW Mailing Address:		
NEW APT or Suite:	Urbanization name (For Puerto Rico Only):	
NEW City:	NEW State:	New ZIP Code:
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Name of applicant:		
Signature of applicant:	Date:	
<b>OFFICIAL USE ONLY</b>		