

Truman State University Address Update Form

Name: _____ ID: 000-_____

**Complete only the sections of this form that need to be updated.
Sign the form and submit it to the Registrar's Office, McClain Hall 104.**

Please update my **local, off-campus address**.

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Please update my **permanent address**.

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Is this address the same as your parent/guardian address? Yes No

Please update my **parent/guardian address**.

Parent Name _____

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

If you have asked the Business Office to mail your bills to an address other than your permanent address, you may also need to contact the Business Office to **update your billing address**.

Student Signature: _____ **Date:** _____