

**EAST STROUDSBURG UNIVERSITY OF PA
CENTER FOR ENROLLMENT SERVICES**

CHANGE OF ADDRESS AND/OR SUR-NAME

ID# _____ U/G _____

NAME _____
LAST FIRST MI

ADDRESS CHANGE (check ALL that apply):

_____ LOCAL (Address where you will reside while enrolled in school)

_____ HOME (Your permanent home address)

_____ NEXT OF KIN (Emergency Contact)

STREET, RR, BOX NUMBER, APT. #

CITY STATE ZIP CODE

TELEPHONE NUMBER (include area code)

SIGNATURE OF STUDENT

DATE

If you are a student worker, this information does not change your address in the Payroll Office. STUDENT WORKERS – Please visit the Payroll Office/HR in Reibman to follow-up on address changes.

SUR-NAME CHANGE

(A copy of legal documentation must be provided.)

NEW LAST NAME

FORMER NAME

SIGNATURE OF STUDENT

DATE

Return completed form to:
East Stroudsburg University
Center for Enrollment Services
200 Prospect Street
E. Stroudsburg, PA 18301

OR Fax to: 570-422-2849/2850