

EAST STROUDSBURG
UNIVERSITY

FOUNDED 1893

CHANGE OF ADDRESS AND/OR SUR-NAME

Forms may be faxed or mailed to:

Center for Enrollment Services
 East Stroudsburg University of PA
 200 Prospect Street
 East Stroudsburg, PA 18301

FAX# (570) 422-2850

SS# _____ - _____ - _____

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. NUMBER

 CITY STATE ZIP CODE

 TELEPHONE NUMBER (include area code)

 SIGNATURE OF STUDENT DATE

SUR-NAME CHANGE

(A copy of legal documentation must be provided)

 NEW LAST NAME

 SIGNATURE OF STUDENT DATE