

OFFICE OF THE REGISTRAR

Phone: 210-999-7201 Fax: 210-999-7202 E-Mail: ROFFICE@TRINITY.edu

ADDRESS CHANGE REQUEST					
STUD NAME	ENT		ID NUMBER:		
PRI		t Firs	t	Middle	·····
NEW HOME ADDRESS (Note: A campus box is not a valid home address):					
	STREET:				TELEPHONE:
	CITY/ST:			ZIP+4	4 ()
NEW LOCAL ADDRESS:					
STREET:					TELEPHONE:
	CITY/ST:			710	()
ZIP+4					
NEW EMERGENCY NAME (Normally Parent(s) or Spouse)					
NAME:			_		TELEPHONE: ()
	La		First	Father	
		E Parent		Father Spouse	Guardian
PREFERRED PERMANENT MAILING ADDRESS (Normally the Home Address for Undergraduates)					
	{CHECK ONE CHOICE ONLY}				
		DRESS			HOME ADDRESS
informa student electron instituti A stude exercis the stude mail ad to with	tion classified a Directory infor hic mail address ons attended, do ent may request ed by filing a wr dent ceases to b dress may be p	s "Directory Informat mation includes: stud , date of birth, place egrees and awards r in writing that all dire itten request at the C is enrolled or becom ublished in the Fact	tion" may be re dent name, loca of birth, photog eceived, and h ectory informati Office of the Re es deceased. T ulty, Staff & St	leased to the al and perma graph, major(eight and we on be withhe gistrar. The r The student's udent Direc	4, Federal Law 93-380, as amended, e general public without the consent of the anent addresses, telephone numbers, campus (s), dates of attendance, previous educational eight of athletes. eld from the public. This option may be request will remain in effect until revoked or until s name, addresses, telephone numbers, and E- ctory if the Registrar has not received a request ster. If no request is filed, information may be