Texas Wesleyan University

STUDENT ADDRESS CHANGE

NAME: _____ ID#: _____

STREET: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

DO YOU WANT TO CHANGE: LOCAL_____?
PERMANENT_____?
BOTH_____?

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