



UNIVERSITY OF DAYTON SCHOOL OF LAW

CHANGE OF ADDRESS FORM

NAME	Student ID No.
Last _____ First _____ MI _____	_____

Effective Date _____ Anticipated Graduation Year _____

New Address

(Please check applicable address type/s) HOME LOCAL BILLING (AR) *(see below)

Is this your preferred mailing for address for all official University communication? Yes No

The University of Dayton Bursar will send your bill to your home address unless another address is designated.

Send bill to HOME LOCAL BILLING (AR)

Is this your preferred residence of record? Yes No

Number and Street _____ Apt. # _____

City _____ State _____ Zip _____

Telephone _____

Former Address (Address being changed at this time) HOME LOCAL BILLING (AR)

Number and Street _____ Apt. # _____

City _____ State _____ Zip _____

Telephone _____

Home Address (if different from "New Address" above) *IMPORTANT! The University of Dayton will send your tuition billing statement to the "Home" address unless you specifically designate a **billing or accounts receivable** address.

Number and Street _____ Apt. # _____

City _____ State _____ Zip _____

Telephone _____