Capital University Law School

CAPITAL UNIVERSITY LAW SCHOOL
ADDRESS CHANGE REQUEST

NAME: _____ _____ _____
(Last) (First) (MI)

STUDENT ID#: _____

OLD ADDRESS:

Street: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

NEW ADDRESS:

Street: _____

City, State, Zip: _____

Phone: _____

E-mail Address: _____

****NOTE: All correspondence from the Law School will be sent to your mailing address.**

This Change Is: (Check all that apply)

Mailing Address _____ **Home/Permanent Address** _____
Local Address _____ **Business Address** _____

SIGNATURE: _____ **DATE:** _____

Please return completed form to:
Office of Records and Registration
Phone: 614-236-6440 Fax: 614-236-6818

Revised 6/30/2015