



ADDRESS CHANGE FORM

Return to:

UWRF Registrar's Office
410 South Third Street, 105 North Hall
River Falls, WI 54022
Fax: 715/425-3352

NAME: (Please Print) _____

DATE: _____

Falcon I.D.: W _____

**SS#: _____ - _____ - _____ **Inclusion of your social security number on this form is VOLUNTARY. If supplied, the number will be used as part of the university student record identification system.

CHECK ALL THAT APPLY: Home Mailing Billing

NEW ADDRESS:

Number, Street, P.O. Box, Apt No, or Rural Route No.

City or Town State Zip Code

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SIGNATURE

DATE