

BGSU Student Address Change Form

Please Note: On-campus address changes are maintained by Student Housing and Residence Programs.
Academic department addresses are maintained by the Office of Human Resources.

Please PRINT clearly (or use keyboard to complete, then print)

| | | |
|---|---|-----------|
| Last Name | First Name | MI/Maiden |
| BGSU ID | Last 4 digits of SSN | |
| ADDRESS | | |
| <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Billing <input type="checkbox"/> <hr style="width: 80%; margin-left: 0;"/> <hr style="width: 80%; margin-left: 0;"/> | <p>Home: This address should be a home or other address to which important correspondence can be sent year-round.</p> <p>Mailing: This address should be used ONLY while attending the University and living off-campus locally.</p> <p>Billing: This address designates bills to be sent to an address other than the Home address. It may be the same as the Mailing address.</p> | |
| ACTION TO BE TAKEN | | |
| <input type="checkbox"/> Added (enter additional address below). <input type="checkbox"/> Changed (enter changed address below). <input type="checkbox"/> Deactivated (enter address to be deactivated below. Please note that a HOME address may only be changed and not deactivated). | | |
| ADDRESS | | |
| Number and Street | | |
| Additional Street (Unavailable for parent addresses) | | |
| City | State | |
| Country (if not USA) | Zip/Postal Code | |
| Day Telephone (include area code) | Evening Telephone (include area code) | |
| EFFECTIVE DATE The change above is effective for the following dates: | | |
| From: | To: (if unknown, leave blank) | |

Please use reverse side for additional address change and emergency contact information.

Office of Registration and Records
110 Administration Building
Bowling Green State University
Bowling Green, OH 43403
Telephone: (419) 372-8441
Fax: (419) 372-7977

ADDRESS TYPE This request applies to the following address types (more than one box may be checked):

| | |
|--|---|
| <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Billing <input type="checkbox"/> <input type="checkbox"/> <hr/> <hr/> | <p>Home: This address should be a home or other address to which important correspondence can be sent year-round.</p> <p>Mailing: This address should be used ONLY while attending the University and living off-campus locally.</p> <p>Billing: This address designates bills to be sent to an address other than the Home address. It may be the same as the Mailing address.</p> |
|--|---|

ACTION TO BE TAKEN The address type(s) checked above should be:

Added (enter additional address below).
 Changed (enter changed address below).
 Deactivated (enter address to be deactivated below. Please note that a HOME address may only be changed and not deactivated).

ADDRESS

Number and Street

Additional Street (Unavailable for parent addresses)

| | |
|-----------------------------------|---------------------------------------|
| City | State |
| Country (if not USA) | Zip/Postal Code |
| Day Telephone (include area code) | Evening Telephone (include area code) |

EFFECTIVE DATE The change above is effective for the following dates:

| | |
|-------|-------------------------------|
| From: | To: (if unknown, leave blank) |
|-------|-------------------------------|

Emergency Contact Information

Contact Person's Name

Number and Street/P.O. Box

City

| | |
|-------------------------------|-----------------|
| Country (if not USA) | State |
| Telephone (include area code) | Zip/Postal Code |

Relationship of Contact Person: (check one)

Parent (PAR) Spouse (SPO) Other (OTH)
 Guardian (GDR) Child (CHI)