



# UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131

(504) 398-2235 - registrar@uhcno.edu

## CHANGE OF ADDRESS

Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Student ID: 000 - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **New Address:**

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### REGISTRAR'S OFFICE USE ONLY:

\_\_\_\_\_  
Processed by

\_\_\_\_\_  
Date