



Student Change of Address Form

Upon completion, please submit this form to Human Resources, King 222



Last Name:	First Name:	Middle Name:
UNC Charlotte ID Number:		

Important: Only provide information which is to be changed.
Leave the appropriate section(s) blank if no change is to occur!

CHECK/MAILING ADDRESS

Telephone Number:		
Number and Street:		
City:	State:	Zip Code:
County:		

PERMANENT HOME ADDRESS

Telephone Number:		
Number and Street:		
City:	State:	Zip Code:
County:		

Change check delivery location to the following department: _____

Employee's Signature:	Date:	
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