REQUEST FOR CHANGE OF PERMANENT ADDRESS FORM

1. Fill out form completely
2. Fax to (901) 448-1017 or Mail to the address below:
   The University of Tennessee Health Science Center
   The Office of the Registrar
   910 Madison, Suite 520
   Memphis, TN 38163

Please be aware that changing your permanent address may affect your residency status with the university. Any requests for residency re-classification MUST be made with the University Registrar. For more information on applying for residency re-classification please call (901) 448-5568.

885 NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

YOUR CURRENT PERMANENT ADDRESS/TELEPHONE LISTED IN THE UTHSC RECORDS:
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NO.

YOUR NEW PERMANENT ADDRESS/TELEPHONE AS IT SHOULD APPEAR ON YOUR UTHSC RECORD:
ADDRESS
CITY, STATE, ZIP CODE
TELEPHONE NO.

Additional Information or Comments:

Check one:
☐ Currently Enrolled
☐ Returning Next Semester
☐ Graduating in May/December, Not Returning

_____________________________  __________________________
Students Signature Date