

TEXAS SOUTHERN UNIVERSITY
ENROLLMENT SERVICES

3100 Cleburne Street - Houston, Texas 77004

713-313-7071

CHANGE OF ADDRESS FORM (Mailing address only)

(Please print)

ID TYPE TSU ID State ID Other (Specify) _____

ID# _____ Social security number: _____ - _____ - _____

Name: _____
Last *First* *Middle*

Old address: _____
Street

_____ *City* *State* *Zip*

New address: _____
Street

_____ *City* *State* *Zip*

Permanent phone: (_____) _____

Signature: _____ Date: _____
Day *Month* *Year*

OFFICE USE ONLY

Check to confirm ID

Received by: Name: _____ Ext. _____ Date: _____

Processed by: Name: _____ Date: _____

<http://www.em.tsu.edu>