

WILLIAM HOWARD TAFT UNIVERSITY
STUDENT REQUEST TO UPDATE STUDENT RECORD

Date: _____

Name: _____ **Student #:** _____

CHANGE OF ADDRESS:

Street address: _____

City, State, Zip: _____

When submitting a change of address, please provide proof of residence for the property listed above. (Example: copy of a bill or a copy of your lease agreement) Be sure to black out any information that is not pertinent to your address change before sending it in. Your name in association with the new address must be visible.

Do not send in this form until you are able to receive correspondence to the above listed address.

CHANGE OF CONTACT EMAIL:

New Email address: _____

Do not send in this form until you are able to receive correspondence to the above listed email address.

CHANGE OF PHONE NUMBER:

New Daytime Phone number: _____

New Home Phone number: _____

Do not send in this form until you are able to receive communication at the above phone numbers.

You may email your completed form to student_support@taftu.edu. Upon receipt of this form your student record will be updated within 2-3 business days. You will **not** receive any notification that the change has been completed. If you seek confirmation, you should email student_support@taftu.edu after the processing period to confirm that the change was made.

Student Signature: _____

