

**SOUTHEAST MISSOURI STATE UNIVERSITY
The Graduate School**

Notification of Change of Address, Name, or SSN

Permanent (Home) Address

From:	To:
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Effective Date: _____	Telephone: _____
	E-mail: _____

Temporary (Local) Address

From:	To:
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Effective Date: _____	Telephone: _____
	E-mail: _____

*With exception of international students, grades will be sent to the permanent address.
Bursar's Office will mail checks, bills, etc., to temporary address unless you notify them.*

Name Change

From: _____ To: _____
Effective Date: _____

Social Security Number Change

From: _____ To: _____

Your Signature _____

Social Security Number: _____-_____-_____ Date: _____

Return this form to The Graduate School for processing.