Winona State University

Office of the Registrar • 114 Somsen Hall • Winona MN 55987 • Ph: (507)457-2377 • Fax: (507)457-5578

CHANGE OF ADDRESS FORM

NAME _____ _____ _____
Last *First* *Middle*

TODAY'S DATE _____

___ ___ ___-___ ___-___ ___ ___ ___ *or* ___ ___ ___ ___ ___ ___ ___ ___

Note: If you have a Graduation Application on file, you are responsible for changing the address on the application. Call or stop at the Registrar's office.

NEW PERMANENT ADDRESS* *(Note: bills are sent to the student's permanent address)*

Street Address _____

City _____

State _____ Zip _____

Phone Number (_____) _____

Country _____
(Enter country if other than U.S. – then leave State & Zip Code blank)

NEW LOCAL OFF-CAMPUS ADDRESS* *(Do not enter residence hall or permanent address)*

Street Address _____

City _____

State _____ Zip _____

Phone Number (_____) _____

**All non-U.S. citizens making a change to a permanent or local address within the United States must report the change of address within 10 days of such change by completing a card [AR-11 (Rev.02/19/02)Y] in the WSU International Services Office. The collection of this information is required by section 265 of the I&N Act (8 U.S.C. 1305). Failure to report is punishable by fine or imprisonment and/or deportation.*