

REQUEST FOR ADDRESS INFORMATION CHANGE
(Please turn all changes in to the School Registrar)

_____	_____	_____
Name of Student	Permanent ID#	Date
_____	_____	_____
Parent/Legal Guardian Name Making Request	Parent/Legal Guardian Signature	Home Phone #

Requested Changes (Only enter information that has changed)

New Address:

Parent Name:	Parent Name:
Home Phone #:	Email Address:
Cell Phone #:	Cell Phone #:
Email Address:	Email Address:

Other students requiring these changes

Name:	School:
Name:	School:
Name:	School:
Name:	School:
Name:	School:

Please provide proof of change of address for new residence.

Acceptable proof of residence which needs to include parent/guardian name and new address are:

Real estate deed or mortgage	Lease or rental agreement	Water, electric, or gas bill
Tribal Identification	Other:	

**This form can be submitted to one school, and we will
 notify all schools that you listed of the change.**

To be completed by school office

Change on Synergy made by:

Name:	Date:	School:
--------------	--------------	----------------

Copy FAXed or emailed to:

School:	School:
School:	School:
School:	School: