Office of the Registrar
315 Falls Avenue
PO Box 1328
Twin Falls, ID 83303-1238
Phone: (208) 732-6795
Email: records@csi.edu

STUDENT ADDRESS CHANGE FORM

Instructions: Please fill out the form in **BLUE** or **BLACK INK** and submit to the **Office of the Registrar**.

Changing your legal address **DOES NOT change your county or state residency designation. Please contact the Office of the Registrar in order to update your residency status.*

Student ID#: _____ I have lived at this address since _____ (date).

Name: _____
Last First Middle

Address: _____
Address City State Zip

Phone Number: _____ Cell Number: _____

____ I am requesting to change my **legal address.**

____ I am requesting to establish a local mailing address, but keep my **legal address the same.**

_____ _____
Signature Date

Office Use Only:

Processed by: _____ Date: _____