



## Change of Address Request

Office of the Registrar  
HPEB 1  
8447 State Highway 47  
Bryan, Texas 77807-3260  
(979) 436-0191

☐ School of Rural Public Health  
☐ School of Graduate Studies  
☐ Institute of Biosciences and Technology

☐ College of Medicine (**Class of** \_\_\_\_\_)  
☐ College of Nursing (**Class of** \_\_\_\_\_)  
☐ College of Pharmacy (**Class of** \_\_\_\_\_)  
☐ College of Dentistry (**Class of** \_\_\_\_\_)

*The Health Science Center records the mailing address of each student. Attention should be given to updating your student file with the correct address to assure that you receive mailing from the Health Science Center. **Please Print.***

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street or P.O. Box Apt. #

\_\_\_\_\_  
City State Zip

New Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

.....  
**For Office Use Only**

Date Changes Made: \_\_\_\_\_ Processed By: \_\_\_\_\_

With few exceptions, state law gives you the right to request, receive,  
review and correct information about yourself collected on this form.