



Vancouver Campus

If you need to update your address or if you legally changed your name, please submit this form at the Enrollment Services front desk (Office 203) or by e-mail at esvancouver@fdu.edu

Last Name: _____ First Name: _____ Student ID: _____
Program _____
Major: _____ Concentration: _____ Phone #: _____
E-mail: _____

CHANGE OF ADDRESS

Please print your COMPLETE address clearly

OLD ADDRESS

NEW ADDRESS

Street: _____
Apartment #: _____
City: _____
Province/State: _____
Country: _____
Postal Code: _____

Street: _____
Apartment #: _____
City: _____
Province/State: _____
Country: _____
Postal Code: _____

LOCAL MAILING ADDRESS (If different from NEW ADDRESS)

Street: _____
Apartment #: _____
City: _____
Province/State: _____
Country: _____
Postal Code: _____

CHANGE OF NAME

Official Document indicating legal name change MUST accompany this form

Old Name

New Name

Student's Signature: _____ Date: _____

Office Use Only

Date Received: _____ Signature: _____
Date Processed: _____ Signature: _____