MAILING (HOME) ADDRESS

(PLEASE PRINT CLEARLY)

Your mailing address should be your home address. It is the address where you can be contacted, not Student Name: Date: **Student ID: ______ Date of Birth: _____ Mailing (Home) Address: OLD ADDRESS:** P.O. Box/Street Address Zip Code City State County Cell _____ Telephone Number(s): Home _____ **NEW ADDRESS:** P.O. Box/Street Address State Zip Code City County Telephone Number(s): Home _____ Cell Student's Signature: Signature is required. You may: Email to: studentrecords@vinu.edu Mail to: Registrar's Office **Vincennes University** 1002 North First Street Vincennes, IN 47591 Fax to: 812-888-4380

Bring to: Vincennes Campus: Registrar's Office Jasper Campus: Main Office

Aviation Technology Center: Main Office

American Sign Language at Indiana School for the Deaf: Vincennes University ASL Office