



LYNDON
A *vermont* STATE COLLEGE

CHANGE OF ADDRESS / NAME

Please return this completed form to:
Lyndon State College Registrar's Office
P O Box 919
Lyndonville, VT 05851

Print Name: _____ Student ID #: _____
Last First MI

Former Last Name (if applicable): _____ Campus Box #: _____

Student's Signature: _____ Date: ____/____/____

FORMER ADDRESS

Street Address

City State Zip Code

(____) _____
Phone Number

NEW ADDRESS

Street Address

City State Zip Code

(____) _____
Phone Number

THIS ADDRESS IS MY:

Home _____ Local _____ Billing _____

FOR OFFICE USE ONLY:

Residency Status: ____ NEBHE(state) ____ GN ____ VT Res ____ Non-Resident(state) Recorded By: _____ Date ____/____/____