University of Arkansas at Little Rock
Office of Records and Registration

Mailing Address Change Form

NOTE: This form is used to change your mailing address on current UALR records.

Date: ____________________________  Currently enrolled?  ☐ Yes  ☐ No
Student Identification Number: ____________________________  Date of Birth ____________________________
Student Name: ____________________________________________
Student Signature: __________________________________________

New Address:
Street ____________________________________________  Apt. # _______  Route or Box # _______
City ____________________________________________  State ____________  Zip Code ________

Previous Address:
Street ____________________________________________  Apt. # _______  Route or Box # _______
City ____________________________________________  State ____________  Zip Code ________