



OFFICE OF RECORDS  
AND REGISTRATION

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2801 South University Avenue  
Little Rock, AR 72204

Mailing Address Change Form

Date: \_\_\_\_\_

Currently enrolled?  Yes  No

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

New Address:

Street: \_\_\_\_\_ Apt/Suite/Room #: \_\_\_\_\_

Route or Box #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Old Address:

Street: \_\_\_\_\_ Apt/Suite/Room #: \_\_\_\_\_

Route or Box #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_