



OFFICE OF RECORDS
AND REGISTRATION

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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 _____