

# Washington Adventist University

Office of the Registrar 301-891-4119

[records@wau.edu](mailto:records@wau.edu)

Fax 301-891-4121

## Change of Address/ Contact Information

Name: \_\_\_\_\_  
*Last First Middle/Maiden*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married?  Yes  No ID# or SSN#: \_\_\_\_\_  
*Month Day Year*

Home Address: \_\_\_\_\_  
*Street City State Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Alternate Address/Contact Information

Address where you plan to reside during the school year. Students under 22 who want to live off campus either alone or with someone other than their parents must file a housing petition.

School Year Address \_\_\_\_\_  
*Street City State/ZIP Room #*

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal Email \_\_\_\_\_

Note: Official University communications will continue to be sent to Washington Adventist University email address.

Name and address of the individual who should receive your billing statement.

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby certify that the information above is true and correct to the best of my knowledge.

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

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