



## Currently Enrolled Student Change of Contact Information

Currently enrolled students should use this form to change their contact information, or the contact information of their parent(s) or guardian(s). Return the completed form to the Registrar's Office in Center Hall, 115.

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

Student's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

### Student's Home Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (other than Wabash.edu): \_\_\_\_\_

(Note that only Wabash.edu email addresses should be used to conduct Wabash business)

### Student's Local Address

Campus Residence: \_\_\_\_\_ Room: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Cell  Landline

### Father's Name and Home Address (if different from Student's Home Address)

Father's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Cell  Landline

### Mother's Name and Home Address (if different from Student's Home Address)

Mother's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Cell  Landline

Student's Signature: \_\_\_\_\_