

## Student Information

Student last name:	Student first (or chosen) name:
Student ID:	AUArts email address:

## Current Address on File

Street address:	City:	Province:
Postal code:	Phone Number:	

Permanent mailing address if different from above:

Street address:	City:	Province:
Postal code:	Phone number:	

## Change of Address

Street address:	City:	Province:	Postal code:
Phone number:	What address is changing? <input type="checkbox"/> Current address <input type="checkbox"/> Permanent mailing address		Effective date: End date (if applicable):

Student's signature:	Date signed:
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## Office Use Only

Date Banner updated:	Updated by initials:
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