FORWARDING ADDRESS Form

Student Name: _____ ID: _____

Today's Date: _____ Date of Departure from UAS Student Housing: _____

Please check all that apply:

☐ I am requesting this mailing address change in person Signature: _____

☐ This request was made in writing by fax, mail, or email received by: _____ (attach documentation)

☐ This request was made verbally over the phone, and received by: _____ (staff signature)

Discolsure (READ or SEND TO STUDENT IF REQUEST NOT MADE IN PERSON)

I understand that the below address will become the permanent forwarding address listed in my archived housing file and all mail will be forwarded for no more than 90 days from my move-out date. Only first-class mail will be forwarded; bulk rate, presorted, and junk mail will not be forwarded to me, including magazine and catalog subscriptions. I am responsible for requesting a change of address with all businesses and entities I know to send me regular correspondence. After 90 days, any mail received for me at 4300 University Drive will be returned to sender.

Forwarding Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Student was presented with the above disclosure on: _____ via ☐ phone ☐ email ☐ person Initials:_____

Received by Housing Mail Supervisor: _____ Copied for Residential Mail Clerk_____ Archived in File: _____