



Registrar's Office  
1411 Ellis Avenue  
Ashland, WI 54806-3999  
Tel. (715) 682-1227, Fax: (715) 682-1692

**CHANGE OF ADDRESS**

Date: \_\_\_\_\_ Student ID. #: \_\_\_\_\_

\_\_\_\_\_  
Full Documented Legal Name (First, Middle, Last)

**New Address (Cannot be your campus box at Northland):**

_____ Street Address			_____ Effective Date
_____ City	_____ State	_____ Zip Code	_____ County
_____ Country		_____ Email Address	
_____ Day Phone		_____ Evening Phone	

**CHANGE OF: PLEASE MARK ALL THAT APPLY**

\_\_\_\_\_ **LEGAL/HOME/PERMANENT ADDRESS**

\_\_\_\_\_ **PAYROLL ADDRESS**

\_\_\_\_\_ **BILLING ADDRESS**

\_\_\_\_\_ **LOCAL ADDRESS**

\_\_\_\_\_ **OTHER, PLEASE EXPLAIN** \_\_\_\_\_