

**RADFORD UNIVERSITY  
STUDENT ADDRESS/PHONE UPDATE FORM**

(This form is to be submitted to the Registrar's Office)

PLEASE PRINT:  
STUDENT'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

**DEFINITION OF TERMS**

**PERMANENT ADDRESS/PHONE:** This is the student's permanent "home" address and phone number. This is also the student's parents address unless the student is independent, married or over the age of 24. The permanent address is where student bills are mailed unless otherwise requested by the student.

**LOCAL ADDRESS/PHONE:** This is the student's local place of residence and their phone number while attending the university (including internships, study abroad, etc.) If the student is staying in a RU residence hall then a local address does not need identified.

**Special Note:** Directory information on our students is made available to the campus community and the public in compliance with FERPA and University guidelines through the publication of our Student Directory. This information is available in hardcopy as well as posted on our website. Please see the university catalog for clarification on what classifies as directory information as well as students rights to restrict this data.

**PERMANENT ADDRESS/PHONE:** (List revisions only)

**EFFECTIVE DATE:**

Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Effective: \_\_\_\_\_

**LOCAL ADDRESS/PHONE:** (off-campus students only – list revisions)

Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Effective: \_\_\_\_\_

Check here if your PARENTS/GUARDIAN'S address differs from YOUR Permanent address and list your parent(s) or guardian's name/address/phone number below:

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Effective: \_\_\_\_\_

**INSTRUCTIONS FOR MAILING UNIVERSITY BILLS:** University bills/invoices are mailed to a student's permanent address unless specifically requested otherwise. Students who wish to have their university bills sent elsewhere need to check the box below and provide a billing address.

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Effective: \_\_\_\_\_

\*\*\*\*\*  
STUDENTS SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only      Initials of Operator \_\_\_\_\_      Date Completed \_\_\_\_\_