



**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

Address Change Form

Name: _____

Student Number/SSN: _____

MSU Email Address: _____

Address to be changed: Local Permanent Diploma

New Address:

Street: _____

City: _____

State/Province: _____

Zip Code: _____ County: _____

Country: _____

Phone number: _____

Is there an end date? If so, _____

Publish: _____ Yes _____ No

Student Signature: _____

Date: _____

The Registrar's Office requires at least 24-48 hours to process all requests.

Please submit in person to the Registrar's Office, Room 309, or by fax 517-432-6821.

Office Use Only:

Staff Initials: _____

Date Processed: _____

Revised 10/24/07