



UNIVERSITY OF GUAM
Unibetsedat Guahan

ADMISSIONS AND RECORDS OFFICE
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CHANGE OF ADDRESS

****PHOTO ID REQUIRED****

STUDENT'S NAME: _____ **STUDENT ID #:** _____

FORMER INFORMATION

MAILING ADDRESS: _____
P.O. BOX OR STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER(S): _____
HOME WORK CELL

EMAIL ADDRESS: _____

NEW INFORMATION

MAILING ADDRESS: _____
P.O. BOX OR STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER(S): _____
HOME WORK CELL

EMAIL ADDRESS: _____

THIS CHANGE OF ADDRESS WILL BE EFFECTIVE ON: _____

(Voluntary Information; For Financial Aid Purposes)

PARENT, GUARDIAN, SPOUSE OR NEXT OF KIN

NAME: _____ **RELATIONSHIP:** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____
(For Tax Benefit Reporting Purposes; US SSN Only)

MAILING ADDRESS: _____
P.O. BOX OR STREET ADDRESS CITY STATE ZIP CODE

STUDENT'S SIGNATURE: _____ **DATE:** _____