Address/Phone Change

RUConnected ID# _____

PLEASE PROVIDE ANSWERS FOR ALL BLANKS TO ENSURE THE UNIVERSITY HAS THE MOST UP-TO-DATE INFORMATION FOR YOU	
Effective Date:	
LAST Name:	
FIRST Name:	
Address:	
Apartment Number:	
City:	
State:	
Zip Code:	
Primary Phone:	
Secondary Phone:	
Personal E-mail account (not Rush University e-mail):	

Student's Signature: _____ Date:_____ FOR OFFICE USE: **Date**_____ **By** _____

Return this form to: Office of the Registrar • Suite 440 • 600 S. Paulina Street, Chicago, IL 60612 Fax: (312) 942-2310 04/09