



ADDRESS CHANGE FORM
FOR ALUM AND WITHDRAWALS
WITHOUT ACCESS TO SELF-SERVICE

Chicago and Online Campuses

17 North Dearborn Street • Chicago, IL 60602 registrar@adler.edu

Registrar Phone: (312) 662-4130

*****FORM ACCEPTED VIA E-MAIL ONLY*****

*****Current students must use Self-Service to update their address, email and phone numbers*****

I, _____ (Print Student First Name) _____ (Print Student Last Name) _____ (Student ID or LAST FOUR OF SSN)

WOULD LIKE TO CHANGE MY ADDRESS TO:

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone Number(s): _____ (Home)

_____ (Work)

_____ (Cell)

Personal Email: _____

Student Signature: _____ **Date:** _____

Electronic or typed signatures are accepted for this form ONLY when submitted through your Adler e-mail account.

Registrar's Office Use Only:

Rep Initials & Date Received: _____ **Rep Initials & Date Processed:** _____

HAS STUDENT EARNED A DEGREE YES NO
*****IF YES, FORWARD A COPY OF THIS FORM TO ALUMNI AFFAIRS*****