

WINTHROP UNIVERSITY
Office of Records and Registration
ADDRESS/EMAIL UPDATE FORM

Office Use Only

Date _____

By _____

Student Name _____

Student ID# _____

Local Address (Where you live while attending Winthrop. If you live on campus, you do not need a local address.)

Billing Address (Complete only if different from Permanent Address.)

Permanent Address (Bills will be sent here unless otherwise noted.)

Next of Kin Address (Your closest relative.)

Are you a permanent employee of Winthrop? Yes No *If yes, please visit the Human Resources Office.*

Check all that apply.

Local Billing Permanent Next of Kin

Apt # _____ Street _____

City _____ State _____ Zip _____ Phone# _____

Check all that apply.

Local Billing Permanent Next of Kin

Apt # _____ Street _____

City _____ State _____ Zip _____ Phone# _____

Check all that apply.

Local Billing Permanent Next of Kin

Apt # _____ Street _____

City _____ State _____ Zip _____ Phone# _____

Emergency Contact

Name _____ Relationship _____

Apt # _____ Street _____

City _____ State _____ Zip _____ Phone# _____

Email (Winthrop email addresses cannot be changed.)

From _____ To _____

Signature

Date