



THE FLORIDA STATE UNIVERSITY
COLLEGE OF LAW

Address Change Form

As an admitted student, please provide the Office of Admissions with updated information regarding your local address once you have settled on a place to live in Tallahassee. Return this completed form to the Office of Admissions. This information can also be submitted by e-mailing your contact information to us at admissions@law.fsu.edu. Please note that we must have any new contact information provided to us in writing.

Please print legibly when completing this form.

First Name: _____ Last Name: _____

Social Security Number or LSAC Account Number: _____

NEW Address Information – PRINT LEGIBLY

LOCAL Tallahassee Address Effective Date: _____

Street/Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-Mail _____ FSUID _____

Please check the box if your local address and permanent address are the same.

Permanent Address Effective Until (Date): _____

Street/Mailing Address _____

City _____ State _____ Zip _____