



**ADDRESS CHANGE FORM  
FOR ALUM AND WITHDRAWALS  
\*Chicago and Online Campuses\***  
17 North Dearborn Street • Chicago, IL 60602  
[registrar@adler.edu](mailto: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\*\*\***