Address Change Form

Student’s Name (Last, First, MI)–please print

Student ID #

1) REQUIRED: Please provide us with your home base address, i.e., family home – where we will be able to reach you or a close relative once you leave Keene State College.

Street: ______________________
City: __________ State: ________ Zip: ________________
Telephone #: __________ Non-MyKSC E-mail: ______________________

2) Please provide us with your temporary (local) off-campus address.

Street: ______________________
City: __________ State: ________ Zip: ________________
Telephone #: __________

3) REQUIRED: Which address would you prefer to receive your mail? Check one below.

Keep in mind that if you are not at your local off-campus address during the summer months you will need to update your address with Student Accounts by adding another address or by changing your preference below. In addition if you have a FORWARD ORDER at your home base United States Post Office you may need to reverse the order at your local Post Office during the summer months.

Send all mail to: (check one) ☐ Home base ☐ Local off-campus

_________________________ / __________ / __________
Student’s Signature Date

Completed forms may be submitted to the Student Accounts Office:

Electronically Fax to 603-358-2163, or Scan, then e-mail to studentaccounts@keene.edu

In person Elliot Center, Room 102 Monday–Friday, 8 am–4:30 pm

By mail Student Accounts Office Keene State College 229 Main Street Keene, NH 03435-2603

For Internal Use Initial:______________ Date:______________ ☐ ARAC

Student Accounts Office
Keene State College
229 Main Street
Keene, NH 03435-2603

Phone 800-572-1909, option 3
Fax 603-358-2163
www.keene.edu/sao
studentaccounts@keene.edu