



OFFICE OF THE REGISTRAR

Address Change Form

Please complete the form below. Once completed submit the form to the Registrar's Office at registrar@kgi.edu.

Student Name (Last, First) _____ Student ID# _____

Current Address

Street _____

City _____ State _____ Zip Code _____

Country _____ Phone Number _____

New Address

Street _____

City _____ State _____ Zip Code _____

Country _____ Phone Number _____

Address Type Billing Home Local

Student Signature _____ Effective Date _____