



Change of Address Personal Information

Registrar's Office
St. Thomas University
Fredericton, NB
E3B 5G3
Phone: (506) 452-0530
Fax: (506) 452-7706
Email:
registrarsoffice@stu.ca

| Last Name | First Name | ID Number |
|-----------|------------|-----------|
| | | |

Send all correspondence to this Address:

| Street Address: | City/Town: |
|-----------------|--------------|
| | |
| Province: | Postal Code: |
| | |

| Phone: | Cell: | Email Address: |
|--------|-------|----------------|
| | | |

| Effective Date: | Student's Signature: | Date: |
|-----------------|----------------------|-------|
| | | |

Change of Name and/or Marital Status

| Last Name | First Name | Change in marital status |
|-----------|------------|---|
| | | <input type="checkbox"/> Not married <input type="checkbox"/> Married |
| | | |