South Dakota State University
Registrar’s Office
ESC Box 511A
Brookings, SD  57007
Phone: 605-688-6195
Fax: 605-688-6384
http://www.sdstate.edu/campus/records/index.cfm

CHANGE OF ADDRESS AND EMERGENCY CONTACT FORM
The University will not accept accountability for non-receipt of mail when it is sent to the following addresses.

*PLEASE PRINT LEGIBLY
Date __________________________  Student ID# __________________________

Name ________________________________________________________________

Email ________________________________________________________________

☐ Permanent Address  (summer mailings, 1098T forms)

Street, Box or RFD

City __________________________ State __________________________ Zip Code

Home Phone __________________________ Cell Phone __________________________ Work Phone __________________________

☐ Local Address  (campus correspondence)

Street, Box or RFD

City __________________________ State __________________________ Zip Code

Home Phone __________________________ Cell Phone __________________________ Work Phone __________________________

☐ Parent/Family Address  (sending SDSU Update, newsletters, etc.)

Street, Box or RFD

City __________________________ State __________________________ Zip Code

Home Phone __________________________ Cell Phone __________________________ Work Phone __________________________

Emergency Contact

Emergency Name __________________________ Phone Number __________________________

Signature __________________________________
I attest that the information given above is true and accurate and understand that false information is punishable under federal law.