



Change of Address Form

**Current Address:** (Please fill out the form below and print)

					Effective From: ___/___/___
<i>Last</i>	<i>First</i>	<i>Middle</i>			
<i>Street/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	Effective Until: ___/___/___
<i>Phone Number</i>	<i>Email</i>	<i>Social Security Number</i>			

**Permanent Address:** (Please print)

					Effective From: ___/___/___
<i>Last</i>	<i>First</i>	<i>Middle</i>			
<i>Street/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	Effective Until: ___/___/___
<i>Phone Number</i>	<i>Email</i>	<i>Social Security Number</i>			

**Temporary Address:** (Please print)

					Effective From: ___/___/___
<i>Last</i>	<i>First</i>	<i>Middle</i>			
<i>Street/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	Effective Until: ___/___/___
<i>Phone Number</i>	<i>Email</i>	<i>Social Security Number</i>			

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill in portions to be changed, print, sign and mail to:

ATTN: Admissions – Change of Address Form  
Holland Law Center  
P.O. Box 117622  
Gainesville, FL 32611-7622

Or fax to :  
(352) 392-4087