



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