

WINTHROP UNIVERSITY
Office of Records and Registration
ADDRESS/EMAIL UPDATE FORM

Office Use Only

Student Name _____

Date _____

Student ID# _____

By _____

Local Address (Where you live while attending Winthrop. If you live on campus, you do not need a local address.)

Permanent Address (Bills will be sent here unless otherwise noted.)

Next of Kin Address (Your closest relative.)

Are you a permanent employee of Winthrop? Yes No *If yes, please visit the Human Resources Office.*

Check all that apply.

Local Permanent Next of Kin

Apt # Street

City State Zip Phone#

Check all that apply.

Local Permanent Next of Kin

Apt # Street

City State Zip Phone#

Check all that apply.

Local Permanent Next of Kin

Apt # Street

City State Zip Phone#

Emergency Contact

Name Relationship

Apt # Street

City State Zip Phone#

Email (Winthrop email addresses cannot be changed.)

From To

Signature

Date