



Address Correction Form

Return To:

Enrollment Services
112 Shields Building
University Park, PA 16802-1271
Fax: 814-863-1929

Student Name: _____ PSU ID: _____

Permanent Residence:

Street 1: _____
Street 2: _____
City/State/Zip: _____
Country: _____
Phone Number: _____ - _____

Local Address:

Street 1: _____
Street 2: _____
City/State/Zip: _____
Country: _____
Phone/Cell: _____ - _____

Work Address:

Street 1: _____
Street 2: _____
City/State/Zip: _____
Country: _____
Phone Number: _____ - _____