



SEATTLE UNIVERSITY

Office of the Registrar
Enrollment Services
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 296-2000, Option 3; Fax: (206) 296-2443
Email: registrar@seattleu.edu

Law School Registrar
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
Phone: (206) 398-4150
Fax: (206) 398-4058

ADDRESS UPDATE BILLING/EMERGENCY & PARENT

(RMRUADRC)

*Law School: Please return to
the Law School Registrar*

Check one: ___Law ___UG ___GR ___ Non-Matric

Student ID Number: _____

Student Legal Name: _____ SU Email: _____@seattleu.edu
Last First Middle

► Student Signature: _____ Date: _____

NOTE: This form WILL ONLY update your billing, emergency and parent/guardian addresses

- | <u>ADDRESS TYPE</u> | <u>ADDRESS DESCRIPTION</u> |
|---------------------|---|
| • Billing | - Where tuition statements will be sent |
| • Emergency | - <u>Cannot be a P.O. Box.</u> To contact in case of emergency. |
| • Parent | - Parent/guardian address (*Undergraduates who are dependents <u>only</u>) |

Please use **SU-Online** to update your **daytime phone number** (where you are most likely to be reached during the day); your **evening phone number** (where you are most likely to be reached during the evening); as well as your **mailing address, local address & home address.**

NOTE: PROVIDE ONLY THE INFORMATION THAT NEEDS TO BE UPDATED. LEAVE ALL OTHER FIELDS BLANK.

Billing Address:

NAME _____ RELATIONSHIP _____

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER (____) _____

Emergency Contact:

NAME _____ RELATIONSHIP _____

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER (____) _____

*Parent/Guardian #1:

NAME _____ RELATIONSHIP _____

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER (____) _____

*Parent/Guardian #2:

NAME _____ RELATIONSHIP _____

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER (____) _____

OFFICE USE ONLY
Date Received: _____
Processed by & Date: _____