

**VIRGINIA COMMONWEALTH UNIVERSITY
CHANGE OF NAME AND/OR ADDRESS FORM**

(please type or print)

New/Current Name: _____

New/Current Address: _____

New/Current Phone Number: _____

New/Current E-mail Address: _____

Account Number: _____

Effective Date of New Name/Address: _____

Your Signature: _____

Previous Name: _____

Previous Address: _____

Send this completed form to: Virginia Commonwealth University
Loan Management
P.O. Box 843055
Richmond, VA 23284-3055

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