SAMFORD UNIVERSITY

ACCOUNTING AND FINANCIAL SERVICES CHANGE OF ADDRESS FORM

Full Legal N	Name:		Date:	
Samford Id or Social Security Number:				
	Select Address to be changed:		Remit to (AP) Order From (OF)	
Please complete only the items you wish to change We request faculty, staff, and students provide a current campus address				
Address:				
City:		Sta	te:Zip:	
Telephone:				

Return this form to Accounting and Financial Services:

Campus Mail: Room 205 Samford Hall

Fax: 205-726-2346

Mail: Samford University

Accounting and Financial Services

800 Lakeshore Drive Birmingham, AL 35229