



CHANGE OF ADDRESS FORM

Please complete and turn in to the Records Office:

STUDENT NAME: _____

FORMER ADDRESS: _____

NEW ADDRESS: _____

HOME PHONE #: _____

THE FOLLOWING **MUST BE ATTACHED** TO THIS FORM IN ORDER TO CHANGE THE ADDRESS:

TWO current pieces of evidence from the following sources in the name of the parent/guardian registering the child:

- Current telephone or electric bill in the name of the parent registering the child.
- Rent receipt with the name of lessor and contact information/mortgage statement.
- Lease agreement with name of lessor and contact information.
- Mortgage commitment.
- Home Purchase contract including specified closing date, with copy of deed to be provided within 60 days of closing date.

****AND****

ONE of the Following:

- Automobile Insurance.
- Current Florida Driver's License/Florida Identification Card.
- Cellular telephone bill.
- Credit card statement.
- Bank account statement.
- United States Postal Service confirmation of address change request or evidence of correspondence delivered through U.S. Postal Service.
- Declaration of Domicile form from the County Records Department.

Parent Signature: _____

Date: _____