

# SAMFORD UNIVERSITY

## ACCOUNTING AND FINANCIAL SERVICES CHANGE OF ADDRESS FORM

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Full Legal 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: \_\_\_\_\_ State: \_\_\_\_\_ 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