ADDRESS VERIFICATION/UPDATE FORM

NAME:_____ UR ID#_____DATE:_____

Please fill in the appropriate information where applicable and return as soon as you have your local Richmond address.

PE (PERMANENT) **EFFECTIVE DATE**_____.......**END DATE**_____

_____
ADDRESS

_____

_____

_____
CITY   STATE   ZIP

_(____)_____   _(____)_____
PHONE   CELL

(IN RICHMOND)
LA (LOCAL) **EFFECTIVE DATE** _____.......**END DATE** _____

_____
ADDRESS

_____

_____

_____
CITY   STATE   ZIP

_(____)_____   (____)_____
PHONE   CELL PHONE