



# **CAMPBELL** **UNIVERSITY**

OFFICE OF THE DIRECTOR OF  
FINANCIAL MANAGEMENT

## Billing Change of Address Form

### Campbell University Business Office

(Permanent address changes must be submitted to the Registrar)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Street / P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\* Please fax this form to the Business Office at 910-893-7863 or**

**\* Mail to: P.O. Box 97, Buies Creek, NC 27506**

For Business Office use only:

Updated by: \_\_\_\_\_

Date Updated: \_\_\_\_\_