



**Northwest Technical Institute**  
rethink education

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## CHANGE IN ADDRESS FORM

Please fill out all information completely.

Please allow up to 4 weeks for the address change to take effect.

**STUDENT NAME:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**