

VIRGINIA COMMONWEALTH UNIVERSITY
CHANGE OF NAME AND/OR ADDRESS FORM
(please type or print)

New/Current Name: _____

New/Current Address: _____

New/Current Phone Number: _____

Account Number: _____

Effective Date of New Name/Address: _____

Your Signature: _____

Previous Name: _____

Previous Address: _____

Send this completed form to: Virginia Commonwealth University
Accounts Receivable
809 West Broad Street
PO Box 843055
Richmond VA 23284-3055

Local: 828-4538
Long Distance: 1-800-360-5175