



CHANGE OF ADDRESS REQUEST

I, _____ request the change of address to:

Street name & number

City, State & Zip Code

Telephone number

E-mail address

Effective date: _____

MSID#: _____

Student Signature: _____

Please submit this application to:

Gov. Guinn Millennium Scholarship Program, 555 E. Washington Ave., Ste. 4, Las Vegas, NV 89101

Email: millenniumscholars@nevadatreasurer.gov

Fax: (702) 486-3246

If you have any questions please contact the Governor Guinn Millennium Scholarship
Office at (702) 486-3383 or toll free at (888) 477-2667

For Treasurer's Office Use Only:	
Approved: _____ Yes _____ No	If not, state reason:
Entered by:	Date entered: