



STATE OF NEVADA
OFFICE OF THE STATE TREASURER
NEVADA PREPAID TUITION PROGRAM

Change of Address Request

Contract Number: _____

Purchaser Name: _____

Beneficiary Name: _____

Please check each box below that applies to this address change request:

- Purchaser Beneficiary Purchaser Legal Successor

Street Name and Number

City, State, Zip Code

Work phone number

Home phone number

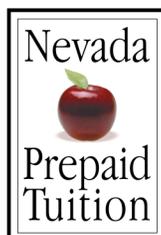
Cell phone number

Email Address

Signature (Required)

Date

555 E. Washington Ave.
Suite 4600
Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free
(702) 486-2025 Telephone
(702) 486-3246 Fax