

Change of Address Request

l,	, request the change of my
address to:	
Street name & numb	er
City, State & Zip Code	
Telephone number	E-mail Address
Student Signature:	Date:
MSID#:	
Please	submit the completed form to:
	uinn Millennium Scholarship Program, ada Way, 4th floor, Las Vegas, NV, 89119
Email: Mille	enniumscholars@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:		
Address Updated: Yes No	If not, state reason:	
Entered by:	Date entered:	