



## Change of Address Request

I, \_\_\_\_\_, request the change of my

address to: \_\_\_\_\_

Street name & number

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail Address

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSID#: \_\_\_\_\_

Please submit the completed form to:

Governor Guinn Millennium Scholarship Program,  
555 E. Washington Ave., Ste. 5200, Las Vegas, NV 89101  
Email: [Millenniumscolars@nevadatreasurer.gov](mailto:Millenniumscolars@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.

<b>For Treasurer's Office Use Only:</b>	
Residency Confirmed: _____ Yes _____ No	If not, state reason:
Entered by:	Date entered: