

Change of Address Request

Date: _____

Please accept this letter as a formal request to change my address to:

Name: _____

Address: _____

City, State & Zip: _____

Phone #: _____

Alternate Phone #: _____

E-mail Address: _____

Print or Type Name: _____

Signature: _____

Monroe-Gregg School District
135 S. Chestnut St.
Monrovia, IN 46157
Phone: 317-996-3720
Fax: 317-996-2977