



# Change of Address Form

*Please Print*

**New Address:**

Student #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Last four digits of S.S. #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Phone#: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_

**Please fax to: (562) 902-3306**

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**For Use by Office of the Registrar:**

Copies to: \_\_\_\_\_ Business Office \_\_\_\_\_ Library \_\_\_\_\_ Student Clinic

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