

## CHANGE OF ADDRESS

Office Location: B Building, Phone: 562.947.8755, ext. 190 [registrar@scush.edu](mailto:registrar@scush.edu)

Date: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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**Current Address:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel # (\_\_\_\_\_) \_\_\_\_\_

**New Address:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

*You may print, sign and scan or take a picture and email the completed form back to [Registrar@scuhs.edu](mailto:Registrar@scuhs.edu)*

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

**Date Processed:** \_\_\_\_\_

**Distribution:** Registrar      Student Accounts      Financial Aid