

CHANGE OF ADDRESS

Name: _____ ID#: _____ Date: _____
Please print clearly

Correct address: _____

Phone number: _____

This address is my: *(please check all that apply)*

- Permanent address
- Parent's address
- Billing address
- Temporary address (effective dates: _____)

*Return this completed form to the Registrar's Office
Tel: (909) 621-8101 Fax: (909) 607-6015
www.claremontmckenna.edu*