



Address Change Form

Registrar's Office
1200 E. Colton Avenue
PO Box 3080
Redlands, CA 92373
Phone: 909-748-8019
FAX: 909-335-5155
Email: registrar@redlands.edu

Name _____

Student ID (if known) _____

Old Address:

New Address:

Street _____

Street _____

Street (2) _____

Street (2) _____

City State Zip _____

City State Zip _____

Phone Number _____

Phone Number _____

Email:

Personal _____ Business _____

Type of Address Change (check one)

[] Change of permanent home address

Is this your preferred address? Y N [] []

[] Change of business address

[] Addition of second home address

[] Addition of summer address from: _____ to: _____

[] Other _____

Effective date of change: _____

Note: Your preferred address is the location where the University sends all billing statements, financial aid documents, diplomas and general correspondence.

Is there anyone else known to the University (i.e., parents, siblings) that lives at the old address who will also be changing to the new one? If so, please note them below.

Name

Relationship to you

Signature _____

Date _____

Office use only:

Changed by: _____ Office: _____ Date changed: _____

This form may be returned to the office from which you received it or to the Registrar's Office.