

ALBION COLLEGE CHANGE OF ADDRESS FORM

NAME: _____ STUDENT#: _____

E-MAIL: _____ CELLPHONE#: _____

NOTE: YOU CAN HAVE ONLY ONE PERMANENT MAILING ADDRESS WHERE ALL COLLEGE MAILINGS ARE SENT.

CURRENT ADDRESS (TO BE CHANGED)		
STREET ADDRESS:		
CITY:	STATE/ZIPCODE:	COUNTRY (IF NOT USA):

NEW ADDRESS		
STREET ADDRESS:		
CITY:	STATE/ZIPCODE:	COUNTRY (IF NOT USA):
HOME PHONE #:		
IS THIS A PARENT/GUARDIAN ADDRESS? MOTHER: ____ FATHER: ____ OTHER: _____		

ADDITIONAL PARENT ADDRESS IF DESIRED		
STREET ADDRESS:		
CITY:	STATE/ZIPCODE:	COUNTRY (IF NOT USA):
HOME PHONE #:		
IS THIS A PARENT/GUARDIAN ADDRESS? MOTHER ____ FATHER ____ OTHER: _____		

EMERGENCY CONTACT #1		
NAME:	RELATIONSHIP:	
STREET ADDRESS:		
CITY:	STATE/ZIPCODE:	COUNTRY (IF NOT USA):
CONTACT #:		

EMERGENCY CONTACT #2		
NAME:	RELATIONSHIP:	
STREET ADDRESS:		
CITY:	STATE/ZIPCODE:	COUNTRY (IF NOT USA):
CONTACT #:		

SIGNATURE:	DATE:
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