



OFFICE OF THE REGISTRAR

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## ADDRESS CHANGE

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Please complete this form to make an address change while enrolled or upon graduation.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Linfield Student ID No.

\_\_\_\_\_  
Non-Linfield Email Address

### PERMANENT ADDRESS

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Other Phone

**Is the address above also your family's address?**  Yes  No *If yes, fill out line below:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ALTERNATE ADDRESS

Type of Address:  Local  Billing  Family

\_\_\_\_\_  
Name (if other than student)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
Date