



OFFICE OF THE REGISTRAR

ADDRESS CHANGE

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