

Lewis & Clark College

CHANGE OF ADDRESS



College of Arts and Sciences
Office of the Registrar
Phone 503.768.7335 | Fax 503.768.7333
E-mail reg@lclark.edu | www.lclark.edu

Name _____ Date _____

LC ID# _____ LC Email _____ Alt. email _____

Cell phone: _____ Home phone (if applicable): _____

1st term/year at LC (Ex: Fall 2014) _____ Last term/year at LC: _____

MARK ALL THAT APPLY:

Change my residential address (where I live) to:

Street _____

City _____ State _____ Zip _____

Country _____

Change my mailing address (where I want my mail sent) to:

Same as the above

Street or PO Box _____

City _____ State _____ Zip _____

Country _____

Change the residential address of my parent(s) to:

Parent(s) name - list all to whom change should apply:

Name 1 _____ Name 2 _____

Cell phone 1 _____ Cell phone 2 _____

Email 1 _____ Email 2 _____

Street _____

City _____ State _____ Zip _____

Country _____ Home phone (if applicable) _____

I am a candidate for graduation or have recently graduated and want my diploma sent to a different address than I specified on my graduation application. Send my diploma to:

my new residential address listed above

my new mailing address listed above

Other: Street _____

City _____ State _____ Zip _____

Country _____

Student signature: _____ Date: _____