

**CUYAMACA COLLEGE
ADDRESS CHANGE**

Student I.D. Number

Print Name: Last First Middle

MAILING ADDRESS

Number Street Apt. No.

City State Zip Code

()

Evening Telephone Number

()

Day Telephone Number

E-mail Address

LEGAL ADDRESS

(Do not use P.O. Box or business. If under 19 years of age, your legal residence is that of your parents/ guardians.)

_____ **Check here if same as mailing address, otherwise, fill in below.**

Number Street Apt. No.

City State Zip Code

X

Student's Signature

Date

**Complete this section ONLY if you have applied for a degree and/or a certificate.
Please indicate the semester. (Example: Fall 2008)**

SUMMER 20 _____

FALL 20 _____

SPRING 20 _____

OFFICE USE ONLY

Date Received _____

Clerk _____

Date Completed _____

Clerk _____

Current Residency Code _____

New Residency Code _____

(white copy to Admissions, yellow copy to Evaluations)