

UCR CHANGE OF ADDRESS/TELEPHONE FORM

Your Name:
Last/Family Name *First Name* *M.I. (if any)*

Your Student I.D. # - -
Student I.D. number is required to change your address

E-mail address: _____

Today's Date: Please Sign Here:

NEW LOCAL ADDRESS:

LOCAL TELEPHONE NUMBER:

and Street _____
Apartment # () -

City CA
State _____
ZIP CODE

NEW PERMANENT ADDRESS:

Where mail will always reach you

PERMANENT TELEPHONE NUMBER:

and Street _____
Apartment # () -

City _____
State _____
ZIP CODE _____
COUNTRY

NEW NEXT-OF-KIN ADDRESS:

Person to contact in case of emergency

NEXT-OF-KIN TELEPHONE NUMBER:

Name of individual () -

and Street _____
Apartment #

City _____
State or Province _____
ZIP or POST CODE _____
COUNTRY

BILLING STATEMENT ADDRESS:

Address where Statement of Account should be mailed

TELEPHONE NUMBER:

Name of individual () -

and Street _____
Apartment # -- --
Social Security Number

City _____
State or Province _____
ZIP or POST CODE _____
COUNTRY

If you have a change of address or telephone number to report, please file this form with the Office of the Registrar, 1100 Hinderaker Hall. Office hours are Monday through Friday from 9 a.m. to 5 p.m.