



CHANGE OF ADDRESS REQUEST FORM

Instructions:

CURRENT STUDENTS: Complete and return the form in person to the Office of the Registrar, Beam Administration Building.

FORMER STUDENTS: Mail, fax or email form to (**include a copy of photo ID when mailing, faxing, or emailing form**): Office of the Registrar, Brevard College, One Brevard College Drive, Brevard, NC 28712, Fax 828.884.3790, Email: Registrar@brevard.edu. If you have any questions, please call 828-884-8015.

Each student can have three addresses in the system: **(1) Permanent Address** – Address where you live when the semester is not in session and where you consider your home to be. **(2) Billing Address** – Address where you need your billing information sent; defaults to permanent address. **(3) Local Address** – Address where you live while attending Brevard and where you can be reached while the semester is in session. Students living on campus will have their Brevard College P.O. Box serve this purpose. **If all three addresses are the same, list it as the Permanent Address.**

Please print legibly in ink:

Student Name: _____ **BCID#:** _____

New Cell Phone #: _____ **New Phone #:** _____

(Students are encouraged to provide a valid phone number for each address. Cell phone numbers are acceptable if that is the primary phone number for contact.)

Email Address: _____

1. Permanent Address:

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Does this Address Apply to (Check all that apply)?:

Student Mother Father Stepmother Stepfather Spouse Guardian

2. Billing Address:

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Does this Address Apply to (Check all that apply)?:

Student Mother Father Stepmother Stepfather Spouse Guardian

3. Local Address:

Street: _____ Phone #: _____

City: _____ State: _____ Zip: _____

I understand that it is my responsibility to notify BC of any changes in my address(es) and that my failure to do so may mean that I may not receive important correspondence mailed by the college.

Student Signature: _____ **Date:** _____

NOTE: If mailing, faxing or emailing form, the request will not be processed unless a copy of photo id is included.

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Processed: _____ Initials: _____