



### CHANGE OF ADDRESS REQUEST FORM

**Instructions:**

**CURRENT STUDENTS:** Complete and return the form in person to the Office of the Registrar, Beam Administration Building OR you may email to the [registrar@brevard.edu](mailto:registrar@brevard.edu) It must come from your BC email.

**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 828.641.0390, Email: Registrar@brevard.edu. If you have any questions, please call 828.641.0020.

**Legal Mailing Address** – Address where you receive your mail when the semester is not in session. Students living on campus will have their Brevard College P.O. Box serve this purpose.

**Legal Mailing Address - Please print legibly in ink:**

**Student Name:** \_\_\_\_\_ **BCID#:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**New Off Campus Email:** \_\_\_\_\_

**New Cell Phone #:** \_\_\_\_\_

(Students are encouraged to provide a valid phone number for each address.)

**Legal Mailing Address (family):**

1. **Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Home/Cell Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Home/Cell Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Home/Cell Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Home/Cell Phone #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_