STUDENT INFORMATION/CHANGE OF ADDRESS FORM

Please return completed form to the Office of the Registrar.

Students Information

Student ID#__________________________

Full Name:__________________________________________________________

Last Name First Name Middle Initial

Birth Date: ______/_____/_______    Sex___________

Permanent Address – official correspondence will be mailed to this address.

Number    Street     Apt#

__________________________     ______________     _______________               _____________________

City       State     Zip Code                       Home Phone

_____________________________                 ______________________

Personal E-Mail Address                 Mobile Phone

Personal References: If parents are deceased please use a close relative.

Parent’s Name     Phone#/email     Parent’s Name     Phone#/email

Other (relationship)     Phone#

Parent’s Address   ______________________________________________________________________________

Parent’s Address   ______________________________________________________________________________

Other Reference’s Address _______________________________________________________________________

I certify that to the best of my knowledge the above information is true and correct.

____________________________________________      ___________________________
Student Signature                             Date

Office of the Registrar • 1000 El Camino Real • Atherton • CA 94027 • 650/543-3737 (Voice) • 650/543-4103 (Fax)