

**OFFICE USE ONLY**

I have verified that this address change has been completed and contains the correct information. \_\_\_\_\_

California State University, San Bernardino \* Office of Records, Registration and Evaluations  
**ADDRESS CHANGE FORM**

Check all that apply:  Mailing  Financial Aid  Graduation Check  Physical  EMAIL

**NEW ADDRESS**

Student ID No.:	Are you on an F1 or J1 VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:	First:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Country (if not in the US):		
Phone Number: (     )	Email Address:	

**FINANCIAL AID RECIPIENTS ONLY**

Please tell us where you live and the effective date: <input type="checkbox"/> On-campus, Residence Halls (Bldg. and Room #):		
<input type="checkbox"/> Off Campus, On your own <input type="checkbox"/> With Parents <input type="checkbox"/> With other Relative (relationship):		
<b>Effective Date:</b> <b>Please list your physical address if different from the new address above in the spaces below:</b>		
Street Address:		
City:	State:	Zip Code:
Phone Number: (     )	Email Address:	

==> **Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

003 \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Grad Check \_\_\_\_\_ Copy to: FA IS EV SA                      addchg2MS/0903bl