

Change of Address Form

Office of the Registrar

INSTRUCTIONS:

Please fill out this form in its entirety, then ink sign and date it. Return it to the Office of the Registrar either

- In-Person: Office of the Registrar 120 N Clovis Ave. Clovis CA 93612
- By Email: registrar@chsu.edu
- By Fax: 559-473-1487 Attn: Office of the Registrar

SUDENT INFORMATION

First Name _____ MI _____ Last Name _____ SONIS Student ID _____

LOCAL ADDRESS

This is the off-campus address where you are living while in school.

Street _____ Apt. No. _____
 City _____ State _____ ZIP Code _____

MAILING ADDRESS *Check here if same as local*

This is the address at which you would like to receive mail while in school.

Street _____ Apt. No. _____
 City _____ State _____ ZIP Code _____

PERMANENT ADDRESS *Check here if same as local*

This is the address at which you can always be reached (parents, hometown, etc.) even when classes are not in session .

Street _____ Apt. No. _____
 City _____ State _____ ZIP Code _____

PERSONAL EMAIL ADDRESS

Official CHSU communications will continue to be sent to CHSU email addresses.

MOBILE PHONE

This phone number will be used for the RAVE Emergency Alert System.

▶
 Student Signature _____ Date _____

For Office of the Registrar Use Only	
Date Received: _____	Received by: _____