

**Official Change of Address Form for Students and Parent/Guardians**  
**Office of Records and Registration**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Student I.D. \_\_\_\_\_ Change Effective Date \_\_\_\_\_

Student Signature \_\_\_\_\_

**Section 1: YOUR NEW ADDRESS**

New Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_  
Cell Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Section 2: PARENT /GUARDIAN(S) WITH WHOM YOU LIVE (if not parent, relationship: \_\_\_\_\_)**

Parent 1 Name: Same as Section \_\_\_\_  
Or  
New Home Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Telephone \_\_\_\_\_  
Cell Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Section 3: PARENT /GUARDIAN(S) WITH WHOM YOU DO NOT LIVE (if not parent, relationship: \_\_\_\_\_)**

Parent 1 Name: Same as Section \_\_\_\_  
Or  
New Home Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Telephone \_\_\_\_\_  
Cell Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Section 4: BILLING ADDRESS**

Billing 1 Name: Same as Section \_\_\_\_  
Or  
New Home Address \_\_\_\_\_

Billing 2 Name \_\_\_\_\_

Home Telephone \_\_\_\_\_  
Cell Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

Return completed request by mail or fax:  
Fax # 410-337-6504

Office of Records and Registration  
Student Administrative Services  
Goucher College  
1021 Dulaney Valley Road  
Baltimore, MD 21204  
Phone: 410-337-6090

For Office Use Only
Date Processed: _____
Initials: _____