
GOUCHER | college
Official Change of Address Form for Students and Parents
Office of Records and Registration

Last Name _____ First Name _____ MI _____
Student I.D. _____ Change Effective Date _____

Section 1: YOUR NEW ADDRESS

New Home Address _____

Home Telephone _____
Cell Telephone _____
Email Address _____

Section 2: PARENT (S) WITH WHOM YOU LIVE

Parent 1 Name: _____ Same as Section _____
Or
New Home Address _____

Parent 2 Name _____

Home Telephone _____
Cell Telephone _____
Email Address _____

Section 3: PARENT (S) WITH WHOM YOU DO NOT LIVE

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: _____