



CHANGE OF ADDRESS REQUEST FORM

Instructions:

CURRENT STUDENTS: Complete and return the form in person to the Office of the Registrar, Beam Administration Building OR you may email to the registrar@brevard.edu It must come from your BC email.

FORMER STUDENTS: Mail, fax or email form to (**include a copy of photo ID when mailing, faxing, or emailing form**): Office of the Registrar, Brevard College, One Brevard College Drive, Brevard, NC 28712, Fax 828.641.0390, Email: Registrar@brevard.edu. If you have any questions, please call 828.641.0020.

Legal Mailing Address – Address where you receive your mail when the semester is not in session. Students living on campus will have their Brevard College P.O. Box serve this purpose.

Legal Mailing Address - Please print legibly in ink:

Student Name: _____ **BCID#:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

New Off Campus Email: _____

New Cell Phone #: _____

(Students are encouraged to provide a valid phone number for each address.)

Legal Mailing Address (family):

1. Name (full name): _____ Relationship to Student: _____

Street: _____ Home/Cell Phone #: _____

City: _____ State: _____ Zip: _____

2. Name (full name): _____ Relationship to Student: _____

Street: _____ Home/Cell Phone #: _____

City: _____ State: _____ Zip: _____

3. Name (full name): _____ Relationship to Student: _____

Street: _____ Home/Cell Phone #: _____

City: _____ State: _____ Zip: _____

4. Name (full name): _____ Relationship to Student: _____

Street: _____ Home/Cell Phone #: _____

City: _____ State: _____ Zip: _____

I understand that it is my responsibility to notify BC of any changes in my address and that my failure to do so may mean that I may not receive important correspondence mailed by the college.

Student Signature: _____ **Date:** _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Processed: _____ Initials: _____