Student Information Change Form

OFFICE OF THE REGISTRAR
California Baptist University
8432 Magnolia Avenue, Riverside, CA  92504-3297
Yeager Center B161, Telephone: 951.343.4566, Fax 951.343.5098

It is frequently a matter of great importance for the University to be able to locate students quickly. For this reason students are asked to file a Change of Address form with the Office of the Registrar promptly upon a change of permanent address.

**Relationship to the University:**
- Traditional Student
- Evening College Student
- Graduate Student
- Alumni
- Previous Student
- Other

**Mark all that Apply:**
- Name Change (requires copy of marriage license or other legal documentation)
- Address/Phone Change
- Emergency Contact Change

**Personal Information**

Have you applied for graduation:  
- Yes
- No

Student ID#: ___________________ Social Security #: _____ - _____ - _____

Are you a VA recipient:  
- Yes
- No

Last Name: ___________________ First Name: _______________ Middle _______________

Marital Status: ___________ Maiden Name: _______________ Age: ___________ Date of Birth: _______________

Is / was your spouse a student at California Baptist University? If yes, please provide the following information:

Full Name: ___________________ Student ID#: _______________ Social Security #: _____ - _____ - _____

**Permanent Address** (forwarding address when not currently attending classes)

Street: __________________________

City: __________________ State: ___________ Zip Code: ___________

Home Phone: (____) - _____ Business Phone: (____) - _____ Other: (____) - _____

Note: To use your campus box as your permanent address you must be an independent student as defined by financial aid regulations AND live on campus 12 months of the year. An independent student is defined by the following criteria: 1.) 24 years of age (by Dec. 31 of the award year) or older, 2.) an orphan or ward of the court (must provide legal documentation for verification), 3.) a veteran of the Armed Forces, 4.) a graduate or professional student (bachelor’s degree has posted), 5.) married, or 6.) have legal dependents other than a spouse.

**Local Address** (campus box or address used while currently attending courses)

Street: __________________________

City: __________________ State: ___________ Zip Code: ___________

Home Phone: (____) - _____ E-mail: __________________________

**Emergency Contact Information**

Name: __________________________ Relationship: _______________

Street: __________________________

City: _______________ State: ___________ Zip Code: ___________

Phone: (____) - _____

**Student Signature**

Date: __________________________

This form is used only for the purpose of keeping functional offices at California Baptist University up to date on address information. It is the student’s responsibility to inform outside agencies of address and telephone number changes.

cc:  
- Student Accounts
- Financial Aid
- VA Official
- Graduation Database

Office of the Registrar 11/2004