

## Change of Address Form

NAME: \_\_\_\_\_  
Last First Middle

L&C ID NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
Street

City State Zip

Home Phone Work Phone

Current Email Address

Effective date of new address

OLD ADDRESS: \_\_\_\_\_  
Street

City State Zip

Home Phone Work Phone

**DEPARTMENTS I HAVE TAKEN CLASSES IN:**

- |                                                      |                                            |
|------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Core Program                | <input type="checkbox"/> School Counseling |
| <input type="checkbox"/> Counseling Psychology       | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Educational Administration  | <input type="checkbox"/> Special Projects  |
| <input type="checkbox"/> Northwest Writing Institute | <input type="checkbox"/> Teacher Education |

I AM A:  CURRENT STUDENT  ALUMNUS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Please return this form to the Graduate School Registrar's Office.**

\*\*The Graduate Registrar's office will forward completed and processed form to the  
Lewis & Clark College Relations Office, MS 88.\*\*