



Gurnick Academy of Medical Arts Student Change of Address Form

This form is to document a change in your residential/ mailing or your email address on file. Please check the box of the information you are requesting to change, and include the information required.

Student Information (All information is required):

Legal Name: _____

Phone Number: _____

Date of Birth (MM/DD/YYYY): _____

Student ID -or- Last 4 of SSN: _____

Please identify the change you are requesting:

☐ Residential / Mailing Address

FORMER MAILING ADDRESS	CURRENT MAILING ADDRESS
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____

☐ Email Address

FORMER EMAIL ADDRESS	CURRENT EMAIL ADDRESS
_____	_____

I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete, and accurate.

Student Signature: _____

Date: _____