



Student Change of Address Form

This form is to document a change in your residential/mailing address on file.

Student Name (Last,
First, Middle Initial):

School ID # -or- SSN:

FORMER ADDRESS:

CURRENT ADDRESS:

Street Address:

City, State, Zip:

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:

School Official
Signature:

Date:
