

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 951.343.4903



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 Degree Completion Student Graduate Student
 Alumni Previous Student Staff 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 #: _____ - _____ - _____

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 (If different than Permanent Address; campus box or address used while currently attending)

Street: _____

City: _____ State: _____ Zip Code: _____

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