



ADDRESS CHANGE FORM

Student Name _____ Student I.D. _____

**Please only complete the address updates that apply.*

Previous Local Address:
(While at Willamette) _____
Street

City/State Zip Phone #

New Local Address:
(While at Willamette) _____
Street

City/State Zip Phone #

Previous Permanent
Address: _____
Street

City/State Zip Phone #

New Permanent Address: _____
Street

City/State Zip Phone #

Student Signature _____ **Date** _____

*Send Parent address changes to adv-change@willamette.edu
Send Alumni address changes to alumni@willamette.edu
Submit Emergency Contact Updates at willamette.edu/go/EmergencyInfo*