

Change of Address Form

Office of the Registrar

INSTRUCTIONS:

Please fill out this form in its entirety, then ink sign and date it. Return it to the Office of the Registrar either

- In-Person: Office of the Registrar 120 N Clovis Ave. Clovis CA 93612
- By Email: registrar@chsu.edu
- By Fax: 559-473-1487 Attn: Office of the Registrar

SUDENT INFORMATION

First Name _____ MI _____ Last Name _____ SONIS Student ID _____

LOCAL ADDRESS

This is the off-campus address where you are living while in school.

Street _____ Apt. No. _____
City _____ State _____ ZIP Code _____

MAILING ADDRESS

Check here if same as local

This is the address at which you would like to receive mail while in school.

Street _____ Apt. No. _____
City _____ State _____ ZIP Code _____

PERMANENT ADDRESS

Check here if same as local

This is the address at which you can always be reached (parents, hometown, etc.) even when classes are not in session.

Street _____ Apt. No. _____
City _____ State _____ ZIP Code _____

PERSONAL EMAIL ADDRESS

Official CHSU communications will continue to be sent to CHSU email addresses.

MOBILE PHONE

This phone number will be used for the RAVE Emergency Alert System.



Student Signature _____

Date _____

For Office of the Registrar Use Only

Date Received: _____ Received by: _____

www.CHSU.edu

120 N. Clovis Avenue, Clovis, CA 93612 • (559) 325-3600 • Fax: (559) 473-1487