

**AMERICAN RIVER COLLEGE  
Enrollment Services  
Address Change Request Form**

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M

**New Address:**

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
Apt.#

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Evening Phone Number

Have you applied for a degree or certificate?

Yes

No

If Yes, What Semester?

\_\_\_\_\_

Student Signature: \_\_\_\_\_

For Office Use Only:

Date:

Initials:

Enrollment Services/ Evaluations