University of San Diego
Office of the Registrar
CHANGE OF ADDRESS

You must mail or fax your request, email will NOT be accepted

Date: _____ **Student I.D. Number_____**

Print Name: _____
Last First Middle

***Signature: _____**
(Required)

Local Address: _____
Street City State Zip

Telephone: __(_____)_____
Area Code

[ ] CHECK HERE IF SAME AS LOCAL ADDRESS

Permanent Address:
(If same as permanent write 'same")

_____(_____)_____
Street City State Zip Phone

Billing Address:
(If same as permanent write "same")

_____
Name of person to billed (Please Print)

_____(____)____
Street City State Zip Phone

Please print clearly so we can accurately process your request. Notice to students living on campus: If you wish mail forwarded during intersession and summer a **separate forwarding request** is required. USD box holders submit request to Campus Mail Center. Missions Crossroads box holders submit U.S. Post Office/ Linda Vista Branch.

Mailing Address:
University of San Diego
Attn: Student Accounts
5998 Alcala Park
San Diego, CA 92110

Fax #: 619-260-4649