



University of San Diego
Office of the Registrar
CHANGE OF ADDRESS

****You must mail, fax your request or email as a signed PDF***

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

Print Name: _____
Last First Middle

***Signature:** _____
(Required)

Local Address: _____
Street City State Zip

Telephone: (_____) _____
Area Code

Permanent Address: _____
(If same as local write "same") Street City State Zip

Telephone: (_____) _____
Area Code

Billing Address: _____
(If same as local write "same") Street City State Zip

Telephone: (_____) _____
Area Code

Name of person to billed (Please Print): _____

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: Office of the Registrar
5998 Alcalá Park
San Diego, CA 92110

Fax #: 619-260-4649