

# Change of Address

For current and former students and faculty



LOS ANGELES

Office of the Registrar  
 400 Corporate Pointe  
 Culver City CA 90230-7615  
 310-578-1080 x216  
 Fax 310-301-8403

Print Name \_\_\_\_\_ ID or SSN \_\_\_\_\_

I am **currently enrolled** in the BA MAP-Clinical MAP-IC MAOM MFA MAE/TC USMA

I am an **alumnus** of the BA MAP-Clinical MAP-IC MAOM MFA MAE/TC USMA

New Street Address \_\_\_\_\_

New City, State, Zip \_\_\_\_\_ Date of Move \_\_\_\_\_

Phone 1 _____	Phone Type* _____	*Please indicate the type of phone number: i.e., Home, Work, Cell, Business, Pager, Fax, Voice Mail, Day, Evening.
Phone 2 _____	Phone Type* _____	
Phone 3 _____	Phone Type* _____	
Phone 4 _____	Phone Type* _____	

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Office Use Only**

	Date	Initials
Date Received	<input type="text"/>	<input type="text"/>

	Date	Initials
Datatel	<input type="text"/>	<input type="text"/>

	Date	Initials
Development	<input type="text"/>	<input type="text"/>