

**Berea College**  
**Change of Address or Name**

Submitting this form will change your address information or name in the Berea College student database. Please print legibly and return this form to the Registrar's Office, First Floor Lincoln Hall, CPO Box 2168, Berea, KY 40404. If you have questions, please call (859) 985-3094.

**Student ID Number** \_\_\_\_\_ **Full Name** \_\_\_\_\_

**New Name** \_\_\_\_\_

Reason for change: \_\_\_\_\_ marriage \_\_\_\_\_ court order \_\_\_\_\_ other (specify) \_\_\_\_\_

**Mailing Address**

Permanent Mailing Address- your CPO will be used for campus mail.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Family Contact Address (Please check one)**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Spouse                |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Parent |  |

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Emergency Contact Address**

In case of emergency, whom should we contact?

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Spouse                |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Parent |  |

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Must be completed in black / blue ink, or typed

Revised 10/10