



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Change of Address Form

Student Name: _____ ID#: _____

Permanent Home Address:

Billing Address:

Phone # _____

Phone # _____

Mailing Address:

Phone # _____

***International Students Must Use U.S. Address While Attending Fisher College**

Signature: _____

Date: ____/____/____

STAFF USE ONLY

Processed by: _____

Date: ____/____/____