College of Western Idaho

ADDRESS CHANGE FORM

Registrar's Office - registrar@cwi.edu - 208.562.3000 phone - 888.562.3216 fax
PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwi.edu

This form is used to change your mailing address only. If you need to change your legal address (with changes that could affect your residency status such as moving to a different county or state), please complete a Certificate of Residency Form. This form is also used to update emergency contact information. This form must be submitted in person by the student, through the student's CWI email, by fax or mail with copy of current photo ID.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STUDENT ID -OR- SSN _____ PHONE NUMBER (INCLUDING AREA CODE) _____ DATE OF BIRTH _____

NEW ADDRESS INFORMATION

EFFECTIVE DATE: _____

MAILING ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY (If not U.S.): _____

HOME TELEPHONE (Including area code): _____ CELL PHONE (Including area code): _____

EMAIL ADDRESS: _____

NEW EMERGENCY CONTACT INFORMATION

EFFECTIVE DATE: _____

EMERGENCY CONTACT: _____ EMERGENCY CONTACT'S PHONE: (Include area code) _____

SIGNATURE

STUDENT SIGNATURE _____ DATE _____