

Use this form to update your address in your record.

Student Information:

First Name _____ MI ____ Last Name _____ Student ID _____

Email _____ Phone Number _____

If you have **petitioned to graduate** this semester and you are using this form to update where you want your diploma sent please check this box:

Mailing Address:

Street/PO BOX City State ZIP Code

Residential Address:

Same as mailing address

Street City State ZIP Code

Student Signature Date

CMC Employee?

OFFICE USE ONLY

Processor Date Colleague Etrieve HR