

Pomona College
Address/Telephone Information Change Form

PLEASE PRINT CLEARLY

Student Name: _____ Student ID#: _____

STUDENT INFORMATION

Please circle yes or no for each of the following
as it applies to the change indicated here → → → →

My Permanent Address: Yes No

My Local Address: Yes No

My Billing Copy Address: Yes No

My Permanent Telephone Number: Yes No

My Local Telephone Number: Yes No

<p>Student Address: _____ _____ _____</p> <p>City: _____ State: _____ Zip/Postal Code: _____ Country: _____</p> <p>Telephone: (home) _____</p>	
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Comment: _____

Please use the comment line to indicate any associated effective dates. If any of the above listed changes apply to someone other than you, please indicate the changes for each applicable person SEPARATELY below.

PARENT / GUARDIAN INFORMATION

Please circle yes or no for each of the following
as it applies to the change indicated here → → → →

Father's Home Address: Yes No

Father's Billing Address: Yes No

Father's Telephone Number: Yes No

Mother's Home Address: Yes No

Mother's Billing Address: Yes No

Mother's Telephone Number: Yes No

Another's Home Address: Yes No

Another's Billing Address: Yes No

Another's Telephone Number: Yes No

<p>Name: _____ Relationship: _____ <i>(e.g. father, mother, guardian, wife, husband, brother, sister, emergency contact-family friend, etc.)</i></p> <p>Address: _____ _____ _____</p> <p>City: _____ State: _____ Zip/Postal Code: _____ Country: _____</p> <p>Email: _____</p> <p>Telephone: (home) _____ (work) _____ (other) _____</p>	
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Comment: _____

Signature of Student: _____ Date: _____