

☐ *International Student on
F-1 Visa Check Here*

Grossmont College Address and/or Email Change

Name _____ ID # _____
Last First Middle

New Address _____
Number Street City State Zip

Phone Number _____ Email Address _____

Signature _____

Note: If you have applied for graduation indicate the semester and year.

Spring _____ Summer _____ Fall _____

Office Use Only

Date _____ New Residency _____ District _____

Received _____ Processed By _____ Date _____