

Address Change Form



535 Watson Drive (909) 607-7855
Claremont, CA 91711 (909) 607-8086 F
www.kgi.edu

School of Applied Life Sciences | 1997
School of Pharmacy | 2013

Complete this form and sign below. Please turn in completed form to the Registrar's Office.

Last Name	First Name	Student ID
-----------	------------	------------

Current Address

Street		
City	State	Zip Code
Country	Phone	

New Address

Street		
City	State	Zip Code
Country	Phone	

Please Indicate Address Type: Billing Home Local

Student Signature

Date to Take Effect

Office of the Registrar 2016