

# HENDRIX COLLEGE

## *Office of the Registrar*

### CHANGE OF ADDRESS FORM

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Legal Home Permanent Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_  
(Area Code)

**Please supply complete name and address information for all parents / guardians:**

**First Parent / Guardian:**

Name \_\_\_\_\_  
Prefix First Name Middle Initial Last Name

Send Grades to this Parent? \_\_\_\_\_ YES \_\_\_\_\_ NO

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Second Parent / Guardian:**

Name \_\_\_\_\_  
Prefix First Name Middle Initial Last Name

Send Grades to this Parent? \_\_\_\_\_ YES \_\_\_\_\_ NO

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_