Lewis & Clark College
Graduate School of Education and Counseling

Office of the Registrar
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Portland, Oregon 97219-7899
Phone 503-768-6030
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E-mail gradreg@lclark.edu
graduate.lclark.edu

Change of Address Form

NAME:_____
Last First Middle

L&C ID NUMBER:_____ SSN:_____

NEW ADDRESS:_____
Street

_____
City State Zip

_____
Home Phone Work Phone

_____
Current Email Address

_____
Effective date of new address

OLD ADDRESS:_____
Street

_____
City State Zip

_____
Home Phone Work Phone

DEPARTMENTS I HAVE TAKEN CLASSES IN:

- ☐ Core Program
- ☐ Counseling Psychology
- ☐ Educational Administration
- ☐ Northwest Writing Institute
- ☐ School Counseling
- ☐ Special Education
- ☐ Special Projects
- ☐ Teacher Education

I AM A: ☐ CURRENT STUDENT ☐ ALUMNUS

SIGNATURE:_____ DATE:_____

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Please return this form to the Graduate School Registrar's Office.

The Graduate Registrar's office will forward completed and processed form to the Lewis & Clark College Relations Office, MS 88.

**Revised March 2007