



ROCKY
MOUNTAIN
COLLEGE

Address Change Form Office of Student Records

Student's Name: _____ SSN: _____
(please print)

Name Change: _____
(legal documentation required)

New Address: _____ Home Phone: _____
(street address or box no.)

_____ Cell Phone: _____
(city, state, zip)

Current E-mail: _____

Old Address: _____
(street address or box no.)

(city, state, zip)

P / G / S Address: _____ Home Phone: _____
(name)

- Parent
- Guardian _____ Cell Phone: _____

- Spouse _____
(circle one) (street address or box no.)

(city, state, zip)

P / G / S E-mail: _____

For Office Use Only

_____ Accounts Payable
_____ Accounts Receivable
_____ Alumni
_____ Campus Address
_____ Local Address

_____ Parents / Guardian / Spouse
_____ Permanent Address
_____ Human Resources
_____ Central Operations
_____ Perkins

Staff and Faculty, please stop by the Human Resources Office to complete the necessary paperwork.
1511 Poly Drive, Billings, MT 59102 – 406-657-1030 / 800-877-6259 / Fax 406-657-1169