



oregon college of
art and craft

Contact Information Change Form

Please check ALL that apply: Student Alumni Staff Faculty
 Studio School Participant Retail Craft Gallery Artist

NAME: _____
Last First Middle

I certify that I am the above-named person and that all information on this form is correct as stated.

SIGNATURE: _____ **Date:** _____

EMAIL CHANGE: Please provide both OLD/PREVIOUS and NEW/CURRENT addresses:

OLD/PREVIOUS E-MAIL ADDRESS: _____

NEW/CURRENT E-MAIL ADDRESS: _____

ADDRESS CHANGE(S): Please check all address types that apply:

Permanent
 Billing
 Local
 Parent

_____ Street Address1
_____ City1 State1 Zip Code1

Permanent
 Billing
 Local
 Parent

_____ Street Address2
_____ City2 State2 Zip Code2

PHONE CHANGE(S): Please check only ONE phone type for each number change listed:

Permanent Cell
 Local Parent

_____ Area Code1 Phone Number1

Permanent Cell
 Local Parent

_____ Area Code2 Phone Number2

FOR OFFICE USE ONLY

DEPARTMENT	INITIALS/DATE	DEPARTMENT	INITIALS/DATE
<input type="checkbox"/> Invalid Address-Returned Mail	_____/____/____	<input type="checkbox"/> Accounts Payable	_____/____/____
<input type="checkbox"/> Registrar	_____/____/____	<input type="checkbox"/> Human Resources	_____/____/____
<input type="checkbox"/> Financial Aid	_____/____/____	<input type="checkbox"/> Community Programs	_____/____/____
<input type="checkbox"/> Library	_____/____/____	<input type="checkbox"/> Development	_____/____/____
<input type="checkbox"/> Bursar/Accounts Receivable	_____/____/____	<input type="checkbox"/> Gallery/Alumni	_____/____/____

Please return this form to one of the departments listed above at OCAC | 8245 SW Barnes Rd. | Portland, OR 97225 | 503.297.5544