



LOS ANGELES PACIFIC COLLEGE

Change of Address Request

Please allow 5-7 business days for document processing.

Request Date: _____

Name: _____

SS# or SEVIS ID#: _____

Course of Study: _____

Date of Birth: _____

Program Start Date: _____

Program Completion Date: _____

Email: _____

Mobile #: _____

New Address

U.S. Address:

New Address

Foreign Address:

_____/_____/_____
Student Signature Date

FOR SCHOOL USE ONLY	
LAPC STUDENT RECORD: <input type="checkbox"/> Student File <input type="checkbox"/> Student Performance Record _____ School Official Name _____ Signature _____ Date	SEVIS STUDENT RECORD: <input type="checkbox"/> Student Account <input type="checkbox"/> SEVIS _____ School Official Name _____ Signature _____ Date