Willamette University
900 State Street
Waller Hall, 1st Floor
Salem, OR 97301
registrar@willamette.edu
503.370.6206

Registrar's Office

ADDRESS CHANGE FORM

Student Name_____ Student I.D._____

**Please only complete the address updates that apply.*

Previous Local Address:
(While at Willamette)

_____
Street

_____
City/State Zip Phone #

New Local Address:
(While at Willamette)

_____
Street

_____
City/State Zip Phone #

Previous Permanent Address:

_____
Street

_____
City/State Zip Phone #

New Permanent Address:

_____
Street

_____
City/State Zip Phone #

Student Signature _____ **Date** _____

Send Parent address changes to adv-change@willamette.edu
Send Alumni address changes to alumni@willamette.edu
Submit Emergency Contact Updates at willamette.edu/go/EmergencyInfo