

Santa Barbara City College  
Office of Admissions & Records

*Student Address Change Request*

Student's Name (please print) \_\_\_\_\_  
Last First Middle Initial

SBCC ID K \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
Street Apartment #

City State Zip Code

Check which of these apply to you:

- Transfer Achievement Program (TAP)
- Extended Opportunity Program/Services (EOPS)
- Cooperative Agencies Resources for Education (CARE)
- Disabled Student Programs/Services (DSPS)
- Transfer Student
- Financial Aid Recipient

<b>Office use only</b> Date _____ Processed By _____
--

Signature *X* \_\_\_\_\_ Date \_\_\_\_\_

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