

# Bluefield College

## Change of Address Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Former Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Former Phone #: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Phone #: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

Which address is to be changed:

\_\_\_\_\_ Legal home permanent address

\_\_\_\_\_ Parent/Guardian Address

\_\_\_\_\_ Both

Return to  
BCCentral  
Bluefield College  
3000 College Avenue  
Bluefield, VA 24605

bccentral@bluefield.edu  
Phone: 276-326-4215  
Fax: 276-326-4356