

Swarthmore College Permanent Address Change Form

Student Name _____ Student ID _____

Grad year _____

FROM:

Name

Address

City, State, Zip

Telephone

TO:

Name

Address

City, State, Zip

Country

Telephone

Signature

Date

Swarthmore College
Office of the Registrar
500 College Avenue
Swarthmore, PA 19081
Fax: 610-957-6100
registrar@swarthmore.edu