



## Change of Address Request

5675 South Academy Blvd  
Campus Box C27  
Colorado Springs, CO 80906-5498

Complete **ONLY** if you have changed your address from previous semester

### CHANGE OF ADDRESS REQUEST Please print clearly

Date \_\_\_\_\_

Name \_\_\_\_\_

Student ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Telephone Number \_\_\_\_\_

Current Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Request must be signed by the student for processing to occur.

Requests can be mailed to the above address or faxed to 719-502-2069

**NOTE: If you are an employee of PPCC and wish to change your address for payroll purposes, please contact Financial Services at (719)502-2300, Room A101 at the Centennial Campus.**