



Cleveland Institute of Art

CHANGE OF ADDRESS FORM

Submit completed form to Registrar's Office
Email to Registrar@cia.edu

PLEASE PRINT CLEARLY

Legal Name

First: _____ Last: _____

Cell Phone Number: (_____) _____ - _____

Email Address: _____

Current status: FR___ SO___ JR___ SR___ Alumni___

CHANGE OF PERMANENT ADDRESS:

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

CHANGE OF LOCAL/CAMPUS ADDRESS (Where you live during the school year):

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

SIGNATURE _____ **DATE** _____